© UNICEF DRC/UN1786492/Esther Ushindi

Students are reading a banner about cholera prevention measures in the playground of the UNICEF-supported Muningi Primary School, near Goma in North Kivu Province, DR Congo, on 25th March 2025.

unicef for every child

Humanitarian Situation Report No. 4

Reporting Period
16 April to 30 April 2025

Democratic Republic of Congo Level 3 Emergency - Upsurge in conflict

HIGHLIGHTS

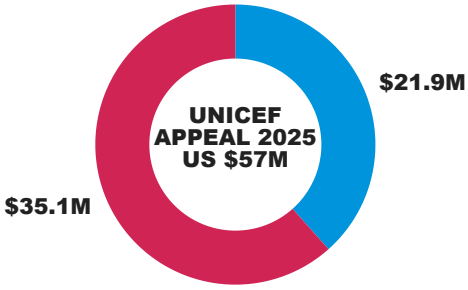
- On 25 April 2025, the Governments of the Democratic Republic of the Congo (DRC) and Rwanda signed a Declaration of Principles aimed at promoting a peaceful resolution to the ongoing conflict.
- Despite diplomatic efforts, the security situation in eastern DRC remains highly volatile, with continued fighting involving non-state armed groups and clashes between the Congolese armed forces, their allies, and the M23 movement.
- On 29 April, the Southern African Development Community (SADC) began the phased withdrawal of its forces from eastern DRC following the end of its mandate. Some troops crossed into Rwanda from Goma, while others remain in-country. The withdrawal may affect the security environment in North Kivu, where civilians remain vulnerable to ongoing conflict.
- Between 1 and 27 April, Uganda received 22,589 asylum seekers from DRC, bringing total new arrivals since January 2025 to 60,569—an increase of 603 per cent compared to the same period in 2024.

SITUATION IN NUMBERS

400,000
Children in need of humanitarian assistance

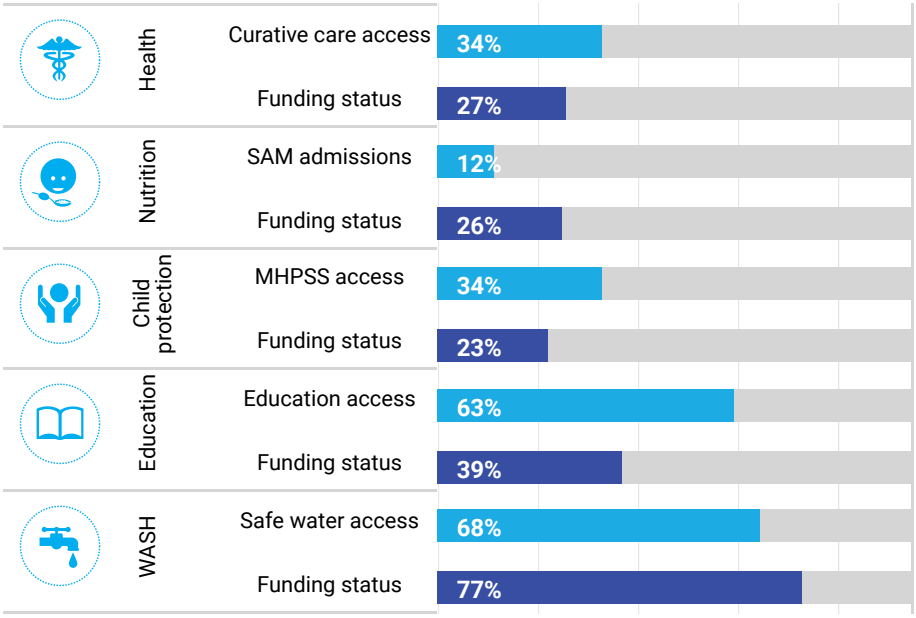
1,000,000
People in need of humanitarian assistance

FUNDING STATUS (IN US$)**



** Funding available includes: funds received in the current year; carry-over from the previous year; and repurposed funds with agreement from donors

UNICEF RESPONSE AND FUNDING STATUS*



* UNICEF response % is only for the indicator, the funding status is for the entire sector.

FUNDING OVERVIEW AND PARTNERSHIPS

UNICEF's L3 emergency response in eastern DRC continues to face critical funding shortfalls. To date, only $21.9 million[1] has been received against a total requirement of $56.9 million for the initial 3-month response, leaving a 62 per cent funding gap amounting to $35 million.

Despite generous contributions from key donors, including the Central Emergency Response Fund (CERF), European Civil Protection and Humanitarian Aid Operations (ECHO), the UK's Foreign, Commonwealth and Development Office (FCDO), German Federal Foreign Office (GFFO), Swedish International Development Cooperation Agency (SIDA), UNICEF USA, UNICEF Germany, and allocations from the Global Humanitarian Thematic Funds (GHTF), the response remains underfunded across nearly all sectors: Child Protection has the largest shortfall, with a gap of $7.58 million, representing 77 per cent of its requirements. The Nutrition sector is underfunded by $6.41 million, or 74 per cent. Multipurpose Cash has a gap of $3.77 million, equal to 75 per cent of its needed funds. The Rapid Response Mechanism faces a funding gap of $8.75 million, or 61 per cent, the same percentage as the Education sector, with a shortfall of $0.83 million. The Health programme is short by $1.78 million, equivalent to 63 per cent of its needs. Gender and GBV activities also have a funding gap of 63 per cent, with $0.32 million needed to meet its targets. These shortfalls indicate critical funding needs across multiple sectors of the response.

Reductions in Official Development Assistance projected for 2025 may further weaken response capacity, impacting programmes, staffing, supplies, and implementing partners. Flexible sustained funding – such as contributions from Sweden and the UK – is urgently needed to ensure a rapid, effective, and agile humanitarian response in eastern DRC.

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

The security situation in the Democratic Republic of the Congo (DRC) remains marked by continuous violence involving clashes between different non-state armed groups (NSAGs), as well as between the Congolese armed forces (FARDC), their allies, and the M23 movement who now control substantial area in Eastern DRC. Widespread human rights violations, including serious violations of children's rights, continue to be reported, despite ongoing diplomatic efforts to find a peaceful solution to the conflict in the eastern provinces.

On 25 April 2025, a declaration of principles was signed by the Governments of the DRC and Rwanda in support of a peaceful solution to the ongoing conflict. However, heavy fighting continued on 26 and 27 April in both South and North Kivu provinces.

The withdrawal of the first troops from the Southern African Development Community (SADC) from Goma began on April 29, with some crossing into Rwanda en route to their home countries, while others remain in the DRC as part of a phased drawdown. In parallel, the evacuation of personnel of the Armed Forces of the Democratic Republic of the Congo (FARDC) and their families began on 30 April, facilitated by ICRC through road convoys. These individuals had been cantoned at a MONUSCO site at the airport. In the framework of the cholera Case Area Targeted Interventions (CATI) programme and through UNICEF's partnership with Amilabo, sensitization activities were provided to the cantoned individuals on cholera and gender-based violence (GBV).

While some displaced populations are returning to areas of origin in North and South Kivu, new internal displacements continue in these provinces and in Ituri. Efforts to track both internally displaced persons (IDPs) and returnees (those who have returned to their areas of origin) are ongoing, though the volatile security context, vast geographic scope, and limited access present significant challenges to obtaining a full picture. According to the Commission on Population Movement, Ituri province alone recorded approximately 41,000 new displacements between February and March 2025 due to rising intercommunal violence. Ituri currently hosts over 1.5 million internally displaced persons (IDPs). IOM reports that, as of end-March 2025, the M23 crisis only has displaced approximately 1.2 million people across North and South Kivu provinces[2] .

At the same time, the number of asylum seekers fleeing to neighboring countries – particularly Uganda - continues to rise. UNHCR reports that Uganda received 22,589 asylum seekers from the DRC between 1 and 27 April, bringing the total since January 2025 to 60,569. This represents a 603 per cent increase compared to the same period in 2024[3] . In addition, since 14 February 2025, there has been a significant increase in the number of asylum seekers crossing from DRC into Burundi, with more than 70,000 new arrivals registered as of 13 May. Most arrivals are from Uvira, Walungu, Bukavu, Saké, Minova, and Goma[4] .

Widespread violations of human rights and international humanitarian law persist across North Kivu, South Kivu, and Ituri. Reported abuses include summary executions, sexual violence, and arbitrary arrests[5] . Rising criminality further exacerbates hardships for civilians, who are frequently subjected to looting, extortion, and reprisals for perceived affiliations with armed groups.

Children are among the most affected. Family separations are increasing, and children face heightened exposure to abuse, sexual violence, and recruitment by armed groups. Persistent insecurity in areas of origin continues to hinder family reunification efforts. In some return areas in North Kivu, multiple alerts have been issued regarding the presence of unexploded ordnance, further increasing protection risks for children.

The security situation, compounded by limited access to basic services such as health and water, sanitation and hygiene (WASH), is worsening the spread of communicable diseases including mpox and Cholera. In Ituri, the provincial health authority has reported an increase of mpox cases, with 105 cases recorded between epidemiological weeks 1 and 16 across 22 of 36 health zones -54 per cent of these reported cases just between weeks 13 and 16. This is a stark increase from only two cases recorded during the same period in 2024.

Cholera also continues to spread across the eastern and other provinces. Between January and 21 April, the National Programme on the Elimination of Cholera and Diarrheal Diseases (PNECHOL-MD) reported 5,680 suspected cases (14 deaths) in North and South Kivu provinces alone. At the national level, during epidemiological week 17 of 2025, a total of 1,327 cases and 29 deaths were reported – representing a 104 per cent increase compared to the same period in 2024 and a 26 per cent increase compared to 2023. South Kivu alone accounts for 27 per cent of these cases. Since the start of 2025, 19,824 cholera cases and 395 deaths (a case fatality rate 'CFR' of 2 per cent) have been reported across 87 health zones nationwide.

An anthrax outbreak is also ongoing in Virunga National Park (North Kivu), affecting wildlife, livestock, and humans. Fifty-two animal carcasses have been reported, along with 16 suspected human cases, including one confirmed death. There is a risk of cross-border transmission. Authorities have reinformed surveillance and closed the park to prevent further spread. A multisectoral response is underway, following the "One Health" approach[6] . However, the

response faces logistical, security, and supply challenges, particularly related to the availability of antibiotics.

Despite ongoing diplomatic efforts, education access remains disrupted by new displacements in North and South Kivu. UNICEF continues to collaborate with NGOs, Clusters (Education, Child Protection, WASH), and authorities to restore schooling in affected communities.

Despite these challenges, UNICEF remains on the ground to support the most vulnerable populations. Efforts to negotiate access to hard-to-reach areas are ongoing. During the reporting period, UNICEF participated in two inter-agency access missions in Ituri and South Kivu. In Ituri, the mission engaged with key stakeholders (including authorities, communities, and both state and non-state armed groups) who committed to allowing humanitarian access. However, in South Kivu, a planned mission from Bukavu to Uvira was halted in Kamanyola despite prior confirmations that the team would be granted access to Uvira.

In North Kivu, the UNICEF team carried out a mission from Goma to Beni, crossing the zone controlled by both the M23 and government forces. Reassurances were provided by both parties that the movement of personnel and goods between zones would be permitted.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Child Protection and Gender-based Violence in Emergencies (GBViE)

UNICEF supported children affected by conflict and their caregivers with mental health and psychosocial services (MHPSS), focusing on adolescent girls at risk. In April, an average of 1,000 children benefited daily from MHPSS services through an extended network of service delivery points. Separated children received temporary care and support for family reunification. UNICEF continued to strengthen community engagement to support the reintegration of children, including in areas of return. On average, 21 children received alternative care or were reunified daily.

In response to sexual violence, UNICEF is scaling up GBV risk mitigation and survivor support services, focusing on women and girls. This includes partnering with frontline actors, adapting interventions, and deploying GBViE specialists to build capacity while coordinating efforts with the GBV AoR partners and UN agencies. In April, 767 survivors received life-saving services (40 per cent children). Information sessions on risks posed by unexploded ordinances were also conducted in North Kivu.

Gender and Gender Based Violence (GVB) Risk Mitigation

In collaboration with local women-led organizations, UNICEF is conducting a gender and GBV risk mitigation analysis in six health zones across North Kivu[7] , South Kivu[8] , and Ituri[9] . The analysis will assess gender-specific risks and the crisis's impact on women, girls, men, and boys, informing tailored responses across UNICEF sectors. Findings will guide the design and implementation of gender-responsive, protective programming that addresses access and safety barriers.

To build local capacity, UNICEF and its partner SOFEPADI[10] will conduct two rounds of training on gender and GBV risk mitigation for implementing partners and frontline actors—90 participants[11] in total. These trainings will promote context-specific risk mitigation across humanitarian activities. The Emergency Technical Team (ETT) has also been briefed on key tools and minimum standards for integration into programme delivery.

UNICEF remains committed to gender equality and GBV prevention, with ongoing coordination with local actors central to ensuring accountability and impact across interventions.

Prevention of Sexual Exploitation and Abuse (PSEA)

As of 30 April, 145,161 persons in affected locations (including 30,786 women, 25,861 men, 42,396 girls and 46,118 boys) had access to safe and trusted mechanisms for reporting sexual exploitation and abuse (SEA) perpetrated by aid workers. In addition, 248,224 persons (57,055 women, 44,667 men, 68,694 girls, and 77,808 boys) received messages on PSEA principles and reporting mechanisms. Awareness raising was done through tailored communication and community outreach efforts.

UNICEF and its implementing partners in North Kivu held a strategic planning and orientation workshop aimed at strengthening the prevention of sexual exploitation and abuse in the ongoing response, in view of reactivating PSEA systems rendered dysfunctional by mass displacements. At the end of the workshop approaches were designed to ensure wide geographical coverage of quality PSEA interventions, including functioning complaint mechanisms and the implementation of risk mitigation measures. A similar workshop is planned for South Kivu in the coming days.

Risk Communication, Community Engagement (RCCE) and Accountability to Affected Populations

1.1 Reach

From 16 to 30 April 2025, 205,602 people[12] benefited from the main RCCE and AAP interventions focusing on hand washing, promotion of drinking water consumption, and peaceful coexistence in the health zones of Goma, Karissimbi and Nyiragongo in North Kivu and in the health zones of Fizi, Minova, and Bukavu in South Kivu.

Community Animation Cells (CAC), face-to-face discussions, local community radios, and U-Reporters were the main channels used in the two targeted provinces of North and South Kivu to raise awareness among communities. To prepare the response to Anthrax, support is being provided to the North Kivu provincial health delegation and the Risk Communication, Community Engagement pillar at the national level for the development of prevention messages; and for UNICEF's online launch of the Anthrax chatbot to allow communities to access messages on transmission modes and barrier measures to prevent Anthrax, particularly in North Kivu.

1.2 Participation

To strengthen inclusive local engagement and resilience, 11,500 people (including 3,393 adolescent boys under the age of 18; 3,513 adolescent girls under the age of 18; 2,282 men and 2,313 women) participated in RCCE and community engagement activities during the reporting period, bringing the total participation since the start of the response to 88,725. Participants included local leaders, CAC members, grassroots organization representatives, and U-Report youth volunteers. They played a key role in raising awareness within their communities through churches, mosques and 'saloko' clean-up days. Their efforts led to the referral of over 350 individuals to smallpox treatment centers.

1.3 Feedback mechanism

During the reporting period, UNICEF's complaints and feedback mechanism enabled 21,365 people (6,303 adolescent boys under the age of 18; 6,527 adolescent girls under the age of 18; 4,239 men and 4,297 women) to express their concerns.

The main issues raised included food insecurity, personal security, and access to basic services, highlighting the need to continue.

Water, sanitation and hygiene

During the reporting period, 18 chlorination points were established in North Kivu and 7 in South Kivu along Lake Kivu, bringing the total number of people reached with safe water since January 2025 to 815,080, including 455,400 children[13] . This includes maintenance of the Kanyaruchinya water system[14] , chlorination points[15] , and water treatment sites[16] in high-risk areas.

In North Kivu, UNICEF and partners AVUDS and Yme Grand Lac reached 42,912 people (24,032 children) with hygiene promotion messages. About 3,453 people received WASH kits[17] , and 20 latrines and 20 showers were constructed, providing sanitation for 400 returnees and host families. In South Kivu, 42 pits were decongested as part of cholera prevention.

UNICEF's WASH response remains critical in mitigating waterborne disease outbreaks, especially amid cholera transmission and poor sanitation in displacement sites. Coordination with health authorities and partners ensures timely, integrated service delivery, including support to mpox treatment centers in six health zones[18] .

Health[19]

In South Kivu, epidemic-prone diseases persist with varying dynamics. Cholera has affected 11 health zones, with 512 cases and three deaths (CFR: 0.58 per cent). Outbreaks are ongoing in seven zones[20] . Free cholera case management was facilitated through UNICEF's support, in collaboration with its implementing partner AIDES, by ensuring availability of cholera kits. This complemented case-area targeted interventions (CATI) deployed to prevent secondary transmission[21] .

Measles remains a concern, with 173 cases and six deaths (CFR: 3.46 per cent) reported across 15 zones, including four with active outbreaks. Kits are being delivered to Kalole and Nyangezi.

In North Kivu, 218 cholera cases were reported in six zones, with no deaths, though lakeside areas require vigilance.

Sixteen suspected anthrax cases, including one death, were reported in Binza, Butembo, and Lubero, alongside animal losses in Virunga Park.

About 1,337 patients (1,020 children, 317 women) received curative care in Pinga and Karisimbi through UNICEF-donated essential supplies.

Nutrition

During the reporting period, 1,350 children were treated for severe acute malnutrition (SAM) through outpatient and inpatient care. Since the crisis began, 2,402 children under five (1,116 boys, 1,286 girls) have received SAM treatment, including 120 with stabilized medical complications. UNICEF and partners also reached 22,735 caregivers with Infant and Young Child Feeding in Emergencies (IYCF-E) counseling in Goma and Karisimbi.

Despite significant supply chain delays[22] , UNICEF pre-positioned 9,719 RUTF cartons in Bukavu and 10,721 in Goma via Kigali, with some supplies redirected to South Kivu to prevent treatment disruptions.

Additionally, UNICEF provided 1,000 boxes of RUTF to MSF[23] to address stock shortages linked to the measles epidemic in Bambo health zone, North Kivu. Intervention coverage will expand under new programme agreements, guided by upcoming SMART[24] nutrition surveys scheduled for April–June 2025 in North Kivu, South Kivu, and Ituri.

Education

Despite ongoing diplomatic efforts to resolve the conflict in eastern DRC, access to education services remains disrupted, with new displacements in North and South Kivu. UNICEF has collaborated in both provinces with NGOs, Clusters (Education, Child Protection, WASH), and education authorities to restore schooling in conflict-affected communities.

During the reporting period, UNICEF and partners facilitated access to education for 12,512 children (6,291 girls) through accelerated learning and catch-up classes. Additionally, UNICEF distributed school kits to 58,032 students (28,240 girls), Menstrual Hygiene Management (MHM) /dignity kits to 5,886 adolescent girls, and teaching materials to 1,308 teachers (476 women). To strengthen teaching capacities, 1,855 teachers (698 women) received training in psychosocial support and adaptive catch-up pedagogy. Psychosocial support was provided to 21,250 children (10,738 girls), teaching kits supplied to 101 schools, and recreational kits to 138 schools. In collaboration with WASH, UNICEF supported the disinfection of 46 schools, benefiting 9,170 children.

UNICEF Rapid Response (UniRR)

UniRR programme continues delivering lifesaving assistance to highly vulnerable populations fleeing violence across North Kivu, South Kivu, Ituri provinces. During the reporting period, UniRR launched two interventions in North Kivu and South Kivu, providing emergency assistance to 6,613 households (45,032 individuals, including 28,419 children), through the distribution of non-food items (NFIs), WASH and shelter kits.

UniRR continued supporting primary healthcare (PHC) and nutrition assistance in South Kivu (Kasheke and Tchofi health zones), North Kivu (Kabaya health zone) and Ituri (Gudjo health zone). About 1,910 people had access to free PHC (including 1,421 children). Thirty-five deliveries were attended by trained staff at health facilities supported by UniRR with essential medical supplies. A total of 295 children suffering from severe acute malnutrition (SAM) and 63 children with moderate acute malnutrition (MAM) received nutritional assistance.

UniRR remains critical to reaching populations affected by displacement and conflict with integrated, lifesaving, timely assistance.

Cholera Case Area Targeted Interventions - CATI

UNICEF deployed 18 CATI and 52 pre-CATI teams to limit cholera spread in affected households and surrounding areas.

CATI teams conducted disinfection, cholera kit distribution, risk communication, and active case finding to interrupt transmission. Between 14–27 April, they responded to 562 suspect cases out of approximately 879 reported. Ninety-eight per cent of responses occurred within 48 hours of notification, thereby diminishing the relative risk for the surrounding at contracting the disease.

Recent IDP return movements have geographically expanded the outbreak, complicating response. Most return areas[25] have poorer WASH services and infrastructure than IDP sites.

UNICEF coordinates closely with the Ministry of Health, WHO, MSF,

Red Cross, WASH Cluster and other partners to ensure targeted, timely cholera response through gap analysis, data sharing, and hotspot prioritization for resource allocation and technical alignment.

Humanitarian Cash Transfers

UNICEF is providing multipurpose cash assistance in Minova, South Kivu, to support families affected by the humanitarian crisis in eastern DRC following the M23 takeover of Goma.

A total target of 14,800 families will receive unconditional and unrestricted cash transfers, $25 per household member, up to a maximum of $125 per family. This support helps meet immediate basic needs and covers 100% of the Survival Minimum Expenditure Basket (SMEB) as defined by the Cash Working Group (CWG).

Beneficiaries were identified using data from a previous UNICEF project and selected through the internal information management system (HOPE), enabling reliable tracking and tracing. RapidPro (SMS-based communication) is also used for beneficiary engagement, verification, and post-distribution monitoring.

The disbursement strategy is phased to avoid market disruption, preserve liquidity, and ensure beneficiary safety. As of the reporting period, 5,214 families (21,323 individuals), about 44 per cent of the target, have received cash assistance.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

UNICEF remains committed to staying and delivering in eastern DRC, continuing to provide lifesaving protection and assistance to the most vulnerable children and civilians. Key operational UNICEF staff remained in North Kivu and South Kivu throughout the crisis, working alongside national and international NGO partners. Since the escalation of conflict and the seizure of Goma and Bukavu, additional personnel have been deployed to scale up the response and strengthen coordination.

Under the inter-agency framework of humanitarian coordination, led by the Humanitarian Coordinator, UNICEF leads the Education, Nutrition and WASH Clusters, as well as the Child Protection Area of Responsibility (AoR) at both national and subnational levels. UNICEF also plays a leading role 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.

UNICEF leverages its extensive operational footprint in eastern DRC, with field offices in Goma (North Kivu), Bunia (Ituri), Bukavu (South Kivu) and Kalemie (Tanganyika). Close collaboration with Government, civil society, UN agencies and NGOs continues to drive implementation of a scaled-up humanitarian strategy focused on reaching the most at-risk children and families.

As part of this strategy, UNICEF has increased its field presence by deploying emergency personnel to priority locations, including Bukavu, Goma, Beni, Bunia and Kalemie, enhancing its ability to respond rapidly and equitably in areas with the greatest humanitarian need.

Amid ongoing volatility and transition, UNICEF is closely monitoring evolving humanitarian access constraints—both security-related and administrative—as well as movement restrictions, to continuously inform its analysis and adapt its operational approach in coordination with humanitarian partners. UNICEF continues to monitor and report access constraints faced by its implementing partners, with the aim of providing targeted and timely support across both government and non-government-controlled zones.

WASH Cluster

Efforts to control the ongoing cholera outbreaks remain a high priority, particularly in eastern provinces. The Cluster continues to work closely with health actors and the UNICEF-led CATI programme to implement coordinated cholera response activities. These include case-area targeted interventions, promotion of safe water handling, and emergency chlorination of high-risk water sources.

Simultaneously, WASH actors are scaling up assistance in areas of return, where displaced populations have resettled. Interventions focus on restoring basic WASH infrastructure, reestablishing community hygiene systems, and ensuring access to safe drinking water. A technical package for return contexts is being finalized to guide future actions.

Education Cluster

The Education Cluster revised its target to 334,478 people, including 328,505 children (48% girls) and 5,973 teachers (48% women). It continued coordination with Education Cannot Wait (ECW) on the First Emergency Response (FER) and finalization of the Multi-Year Resilience Programme.

By end-April, 2,064 schools remained closed[26] in North and South Kivu, disrupting education for 767,206 children (363,934 girls). In accessible areas[27] , 84% of schools[28] in North Kivu and 88% schools[29] in South Kivu reopened. However, 454,960 children in North Kivu[30] and 312,246 in South Kivu[31] had not yet returned—mainly
due to insecurity, displacement, and fear of forced recruitment.

The Cluster established two working groups on school safety and learning quality. It continues to monitor needs, assess capacity, and mobilize partners.

Underfunding remains a key constraint[32] . The Cluster continues to advocate for stronger support for education in emergencies (EiE). At date, as reported in FTS, education in emergency received only 4.3% of the needed funding (2,809,156 usd out of 66,039,741 usd needed).

Child Protection Area of Responsibility (CP AoR)

During the reporting period, over 90 members of the CP AoR from North Kivu, South Kivu, Maniema, and Ituri were trained on PSEA concepts, tools, and best practices. The CP AoR also strengthened collaboration with other sectors, including the Mine Action AoR for mine risk awareness, the WASH Cluster for improved water and hygiene access in child care centers, and the Education Cluster for integrated interventions. Additionally, the CP AoR continued to advocate for children's rights in conflict-affected areas, participated in a multi-sectoral rapid assessment in Walikale, and resumed coordination activities in Masisi South.

Nutrition Cluster

Between 1 and 15 April 2025, the Nutrition Cluster maintained its commitment to providing strong coordination and operational support to partners. Routine activities such as the mapping of partners' operational capacity and presence continued to be ensured, allowing for a consolidated overview of the current response capacity.

The nutrition Cluster conducted two field visits to support partners: the first in four Inpatient Therapeutic Programmes (ITP) in Goma town, and the second in three health facilities in areas of return. These missions enabled the joint supervision team to assess the quality of care in these facilities and provide recommendations for improvement.

To further strengthen the nutrition response, the Nutrition Cluster

worked closely with PRONANUT to develop and and release a Standard Operating Proedire (SOP) on accepted Community-based Management of Acute Malnutrition (CMAM) approaches, aimed at better guiding partners in the response.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

UNICEF/UNI786477/Esther Ushindi

Justine, a 14-year-old Year 6 student, and her classmates study at the UNICEF-supported Muningi Primary School, near Goma, in North Kivu province, DR Congo, on 25 March 2025.

'Getting a new exercise book is like a fresh start'

In Goma, UNICEF is helping to ensure a safe return to school for children affected by conflict

Sitting on a bench at Muningi Primary School in Goma, Justine can't help but smile. She has just received a school bag, pens and notebooks, after losing her school supplies when the Kanyaruchinya site for displaced people was dismantled at the start of February 2025.

Since 2021, Justine has been displaced multiple times. Originally from Rugari in Rutshuru, she fled the violence with her mother and siblings, finding refuge at the Kanyaruchinya site for displaced people just outside Goma. She slept in churches, lived in makeshift shelters and tried to continue her education despite the challenges.

Over the years, school has become a pillar of hope and stability for Justine in a daily life characterised by displacement and uncertainty. Justine has attended Muningi Primary School since 2023. When conflict flared at the beginning of 2025 and the displacement camps were dismantled, Justine fled back to Rugari with her family.

To read more, click here .

Social media:

During the reporting period, UNICEF DRC made about 5 posts on its social media platforms and website, highlighting key interventions such as the delivery of 8 tonnes of vaccines in Goma , the distribution of emergency supplies , and humanitarian cash assistance . Additionally, UNICEF showcased vaccination efforts to protect children and vulnerable communities from the spread of mpox and highlighted its work in ensuring a safe return to school for children affected by conflict . New multimedia content was uploaded on WeShare .

Press and external media:

UNICEF maintained media visibility on the crisis in eastern DR Congo through the coverage of statements by Global Spokesperson James Elder and Executive Director Catherine Russell . Following James Elder's press briefing, Forbes published a high-impact article on the child protection crisis, while NTV Kenya and Anadolu Agency relayed Edler's urgent call for international action. Meanwhile, Catherine Russell's intervention at the UN Security Council received wide media attention, including from UN News , Africanews , and Vatican News , all highlighting a sharp rise in grave violations against children in the country's eastern region in early 2025.

HAC APPEALS AND SITREPS

- All Humanitarian Action for Children Appeals
  https://www.unicef.org/appeals
- All Situation Reports
  https://www.unicef.org/appeals/situation-reports

NEXT SITREP: 15/05/2025

ANNEX A - PROGRAMME RESULTS

Consolidated Programme Results

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*
Health (including public health emergencies)					
Children and women receiving curative health care in UNICEF-supported facilities [33]	Total	-	118,684	40,817	▲ 1%
	Girls	-	57,824	13,271	▲ 1%
	Boys	-	56,136	17,244	▲ 1%
	Women	-	4,724	10,302[34]	▲ 7%
Children vaccinated against measles, supplemental dose	Total	-	174,800	-[35]	0%
	Girls	-	89,148	-	0%
	Boys	-	85,652	-	0%
Individuals receiving treatment for cholera/acute watery diarrhoea in UNICEF-supported facilities	Total	-	4,800	3,210	▲ 15%
	Girls	-	1,126	878	▲ 18%
	Boys	-	1,082	914	▲ 19%
	Adults	-	2,592	1,418	▲ 12%
Nutrition					
Children 6-59 months with severe wasting admitted for treatment	Total	-	20,279	2,402[36]	▲ 7%
	Girls	-	10,429	1,286	▲ 7%
	Boys	-	9,850	1,116	▲ 6%
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	138,314	22,735[37]	▲ 4%
Child protection, GBViE and PSEA					
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	205,000	70,512	▲ 3%
	Girls	-	94,300	32,907	▲ 3%
	Boys	-	92,250	31,326	▲ 3%
	Women	-	10,250	4,527	▲ 11%
	Men	-	8,200	1,752	▲ 7%
Survivors accessing gender-based violence response interventions (holistic care)	Total	-	1,800	3,573[38]	▲ 30%
	Girls	-	1,026	1,287	▲ 12%

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*
	Boys	-	54	116	▲ 44%
	Women	-	720	2,170	▲ 55%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	82,000	54,690	▲ 34%
	Girls	-	23,780	15,620	▲ 33%
	Boys	-	24,600	12,315	▲ 25%
	Women	-	24,600	21,053	▲ 55%
	Men	-	9,020	5,702	▲ 2%
Children who have exited an armed force and groups provided with protection or reintegration support	Total	-	1,250	640	▲ 8%
	Girls	-	375	225	▲ 14%
	Boys	-	875	415	▲ 5%
Unaccompanied and separated children provided with alternative care and/or reunified	Total	-	2,760	2,799	▲ 6%
	Girls	-	1,104	1,311[39]	▲ 6%
	Boys	-	1,656	1,488	▲ 6%
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	-	234,000	145,161[40]	▼ -47%
	Girls	-	46,800	42,396	▼ -49%
	Boys	-	35,100	46,118	▼ -82%
	Women	-	93,600	30,786	▼ -36%
	Men	-	58,500	25,861	▲ 2%
Education					
Children accessing formal or non-formal education, including early learning	Total	-	20,000	12,512	▲ 1%
	Girls	-	10,200	6,291	▲ 2%
	Boys	-	9,800	6,291	▲ 2%
Children receiving individual learning materials	Total	-	20,000	57,708[41]	▲ 69%
	Girls	-	10,200	28,089	▲ 68%
	Boys	-	9,800	29,619	▲ 71%

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*
Water, sanitation and hygiene					
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	1.2 million	815,080	▲ 1%
	Women	-	600,000	415,690	▲ 2%
	Men	-	600,000	399,390	-0%
People reached with critical WASH supplies	Total	-	400,960	3,453[42]	0%
	Women	-	204,490	2,043	0%
	Men	-	196,470	1,410	0%
Cross-sectoral (HCT, C4D, RCCE and AAP)					
Households reached with UNICEF-funded humanitarian cash transfers (including for social protection and other sectors)	Total	-	14,803	5,214	▲ 9%
People reached with timely and life-saving information on how and where to access available services	Total	-	1.5 million	2 million[43]	▲ 14%
People engaged in reflective dialogue through community platforms	Total	-	89,000	88,725	▲ 13%
People sharing their concerns and asking questions through established feedback mechanisms	Total	-	250,000	149,557	▲ 9%
Rapid Response Mechanism					
People whose vital needs in terms of non-food items and WASH were covered within 7 days of the needs assessment through a rapid response mechanism	Total	-	284,000	112,728	▲ 12%
People receiving health and nutrition care in supported facilities within 7 days of needs assessment thanks to a rapid response mechanism.	Total	-	36,920	14,056	▲ 6%
People around suspected cholera cases receiving targeted assistance in less than 48h	Total	-	1 million	579,946	▲ 8%

**Progress in the reporting period 16 April to 30 April 2025*

ANNEX B — FUNDING STATUS

Consolidated funding by sector

		Funding available		Funding gap	
Sector	Requirements	Humanitarian resources received in 2025	Resources available from 2024 (carry over)	Funding gap (US$)	Funding gap (%)
WASH	6,668,000	5,135,772	-	1,532,228	23%
UNiRR	14,263,000	5,513,632	-	8,749,368	61%
CATI	3,460,860	2,361,157	-	1,099,703	32%
Child Protection	9,848,863	2,272,586	-	7,576,277	77%
health	2,442,500	653,671	-	1,788,829	73%
Nutrition	8,719,005	2,308,126	-	6,410,879	74%
Education	1,350,000	523,313	-	826,687	61%
RCCE	733,082	390,614	-	342,468	47%
Multipurpose cash	5,000,000	1,232,745	-	3,767,255	75%
PSEA	250,000	140,824	-	109,176	44%
Gender and GBV Risk Mitigation	500,000	184,920	-	315,080	63%
Support to Operation	3,726,000	1,165,142	-	2,560,858	69%
Total	**56,961,310**	**21,882,502**	**0**	**35,078,808**	**62%**

Funding available - funding available in the current appeal year to respond in line with the current HAC appeal.
Humanitarian resources– humanitarian funding commitments received from donors in the current appeal year.
Resources available from 2024 (carry over)– funding received in the previous appeal year that is available to respond in line with the current HAC appeal

Who to contact for further information:

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

John Agbor
Representative DRC
T +243996050399
jagbor@unicef.org

Jerome Kouachi
Chief Emergency DRC
T +243996050399
jkouachi@unicef.org

ENDNOTES

1. Unless otherwise stated, all amounts shown are in US dollars.
2. https://dtm.iom.int/democratic-republic-congo
3. https://reliefweb.int/report/uganda/eastern-drc-flash-update-uganda-21-27-april-2025
4. https://reliefweb.int/report/democratic-republic-congo/core-eastern-drc-displacement-overview-13-may-2025
5. OHCHR, UNHCR reports
6. An integrated strategy that recognizes the close connection between human health, animal health, and environmental health, and promotes coordinated action across these sectors to prevent and control disease outbreaks.
7. Karisimbi and Rutshuru
8. Bukavu and Kabare
9. Bunia and Djugu
10. Solidarité Féminine pour la Paix et le Développement Intégral (Female Solidarity for Peace and Integral Development), a local women-led organization
11. Thirty participant per province
12. This includes 60,653 adolescents under the age of 18; 62,811 adolescent girls under the age of 18; 40,791 men and 41,347 women.
13. Includes ongoing chlorination and water infrastructure maintenance across crisis-affected areas.
14. In North Kivu
15. Along Lake Kivu in the North and South Kivu
16. In Minova territory in South Kivu
17. This included jerrycans, buckets, soap, and water chlorination tablets
18. Miti, Kalehe, Ibanda, Walungu, Mwana, and Minova
19. During the reporting period, North and South Kivu accounted for 46.3 per cent of the 6,237 suspected mpox cases reported in the nine UNICEF-supported provinces. Of these, 552 cases were confirmed, reflecting a positive rate of 19.1 per cent. Children aged 0–4 years comprised 32.3 per cent of cases, those aged 5–15 years accounted for 37.1 per cent, and individuals aged 15 years and above represented 30.6 per cent, highlighting ongoing community transmission. In addition, community health workers identified and referred 1,549 suspected cases, underscoring their essential role in early detection and response.
20. Minova, Idjwi, Ruzizi, Katana, Bunyakiri, Ibanda, and Mubumbano
21. Secondary transmission refers to new infections emerging outside initial outbreak zones, indicating disease spread
22. Delays, averaging 109 days to Bukavu and 106 days to Goma, are primarily due to numerous checkpoints and administrative bottlenecks.
23. Médecins Sans Frontières (MSF – Doctors Without Borders).
24. Standardized Monitoring and Assessment of Relief and Transitions (SMART).
25. Such as Kirotshe, Masisi health zones
26. This includes 1,051 schools in North Kivu and 1,013 in South Kivu
27. Goma, Nyiragongo, Lubero, Beni, Masisi, and Walikale in North Kivu and Bukavu, Idjwi, Kalehe, Kabare, Walungu, Uvira, Fizi, Shabunda, and Mwenga in South Kivu.
28. This includes 5,581 out of 6,632 schools
29. This includes 7,162 out of 8,175 schools.
30. In North Kivu, 454,960 children—including 211,112 girls—representing 22% of the 2,088,671 enrolled, had not returned to school
31. In South Kivu, a total of 312,246 children—including 152,822 girls—had not returned to school, representing 14% of the 2,200,771 enrolled.
32. Education in Emergencies has received only 4.3 per cent ($2,809,156) out of the required funding of $66,039,741
33. The result exceeded the target as the actual women population in these areas may be higher than initially estimated.
34. The result exceeded the target likely due to an underestimation of the disaggregated target population. A more detailed analysis of overall progression is needed to better align future targets with actual population figures.
35. Due to national stockout of emergency measles vaccines, no outbreak response vaccination activities could be implemented during the reporting period. The unavailability of the vaccine explains the "zero" reach in the response plan, pending resupply by health authorities and partners.
36. This intervention targets children aged 6-59 months among returnee and host populations in areas where UNICEF currently has no presence. Implementation began only after the section conducted a needs assessment and established new partnerships. Delays in funding availability further contributed to a late activity start, which ultimately affected the scale of implementation and led to lower-than-expected results.
37. The low result is mainly due to delays in activity implementation, stemming from emergency funding gaps, particularly from BHA/USAID. As a result, the response has been limited to only four health zones in North Kivu out of the 25 health zones targeted overall.
38. While sexual violence was already widespread prior to the crisis, incidents of rape and sexual violence peaked during the escalation of the crisis in North and South Kivu. In the first trimester of 2025, reported cases of sexual violence against children tripled compared to December 2024. In response, UNICEF enhanced its programmatic focus on the prevention and response to sexual violence, strengthening capacities to deliver direct, lifesaving, and immediate services to survivors.
39. Since the onset of the crisis, ongoing conflict, the closure of IDP sites, and forced returns have continued to contribute to rising numbers of family separations. In response, UNICEF has scaled up the deployment of child protection services and para-social workers to ensure the identification, temporary care, family tracing, and reunification of unaccompanied and separated children
40. The results appear lower than the previous month due to corrections made to previously reported figures for this activity.
41. The overachievement reflects use of non-L3 emergency specific education resources to support school interventions, despite 74 per cent funding gap in the sector.
42. The distribution of WASH supplies to returnee populations in areas with limited presence of UNICEF and its implementing partners started late, as it required prior needs assessments and the establishment of new partnerships. This delay was further compounded by the closure and destruction of IDP sites in February and March, following directives from the new authorities.
43. The overachievement is due to the inclusion of data from other priority programmes (such as WASH and education), and the initial target was underestimated; it will therefore be revised upwards.