



Displaced children carry their notebooks and other items at the Lushagala spontaneous settlement site in North Kivu Province. The children are studying in a temporary learning space set up by UNICEF.

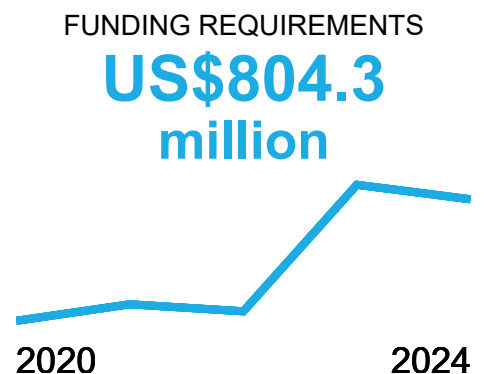
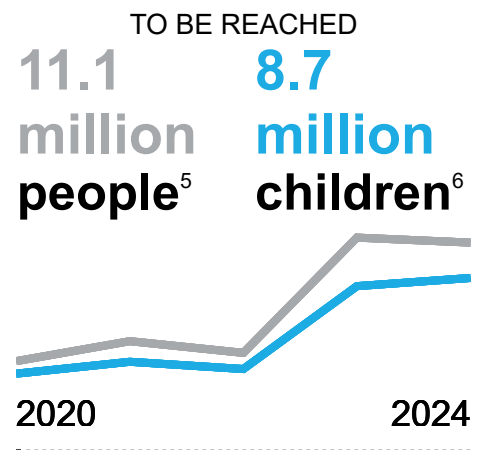
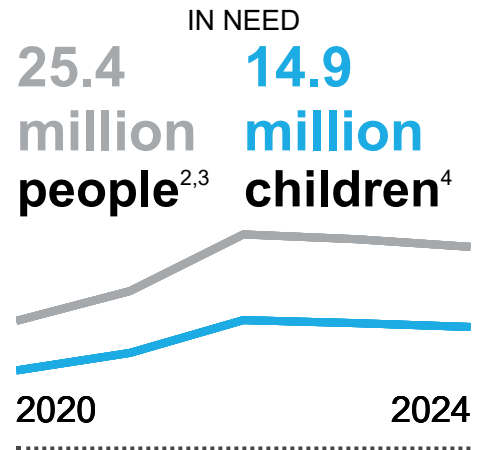
unicef 
for every child

Humanitarian Action for Children

Democratic Republic of the Congo

HIGHLIGHTS¹

- The Democratic Republic of the Congo is home to the highest number of United Nations-verified grave violations globally, and one of the highest numbers of internally displaced people. An escalation of armed conflict in the country is severely impacting 14.9 million children, who are harmed by recurrent disease outbreaks, endemic sexual violence and growing access constraints – all exacerbating vulnerability and heightening child mortality. Increased military operations in 2024, along with hostilities expected after withdrawal of the United Nations peacekeeping mission, will add to children's risks.
- UNICEF has prioritized life-saving interventions. Along with other cluster partners, it plans to cover at least 75 per cent of the cluster-specific populations in need for critical activities, subject to available resources. To enable a holistic humanitarian response, UNICEF will strive to provide integrated life-saving assistance while enhancing community resilience and social cohesion to pave the way for recovery. Protection from sexual exploitation and abuse, gender considerations and prevention and response to gender-based violence will be integrated into all interventions.
- UNICEF requires \$804.3 million to address the acute needs of children in the Democratic Republic of the Congo. Timely, flexible and multi-year funding will be essential for UNICEF to reach the most vulnerable crisis-affected and forgotten children.



KEY PLANNED TARGETS



2 million

children vaccinated against measles



933,574

children with severe wasting admitted for treatment



1.2 million

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



2.4 million

people accessing a sufficient quantity and quality of water

Needs figures are aligned with the 2024 inter-agency planning documents (Humanitarian Needs Overview) as endorsed by the Humanitarian Country Team.

HUMANITARIAN SITUATION AND NEEDS

The Democratic Republic of the Congo is one of the world's most complex crises, and one of its most forgotten. The upsurge in armed conflict and intercommunal clashes in the country has resulted in huge levels of displacement and further aggravated chronic poverty, systemic weaknesses and people's vulnerability. A total of 6.04 million people are displaced, including 3.5 million children, making this the worst displacement crisis in Africa.⁷ Instability and difficult conditions are challenging children's mental health and psychosocial well-being: In 2023, 14.9 million children experienced the worst effects of violent conflict, because they were exposed to extreme violence and put at heightened risk of abuse in often precarious living conditions.⁸

The country accounts for the highest number of verified grave violations against children in the world, with close to 3,400 grave violations verified in 2022.⁹ In the first half of 2023, these violations increased by 41 per cent.¹⁰ The prevalence of sexual violence against girls rose sharply, with a 40 per cent increase in the number of verified cases of rape and other forms of sexual violence.¹¹ Two out of five survivors assisted in 2023 across the country were children under 18.¹² Moreover, with 900,000 children out of school, and more than 1,000 schools closed, the country is not only facing a lost generation of children without an education but is also home to children who are at a high risk for violence and child marriage.¹³

Child survival remains fragile due to major epidemic outbreaks and persistent levels of wasting, and this will worsen as conflict and the reduced capacity of the health system persist. Measles outbreaks are wreaking havoc on children, with the number of suspected cases reaching 282,323, with 5,330 deaths reported, largely exceeding the total reported cases in 2022.¹⁴ Children are also facing the worst cholera outbreak in six years, with 42,672 suspected cholera cases and 357 deaths reported.¹⁵ In 2023, North Kivu was the province hardest hit by cholera, with more than 65 per cent of all cases in the country – 41 per cent among children under age 18 and more than 25 per cent in children under age 5. The cholera outbreak is expected to persist into 2024. Needs are further compounded by such extreme weather phenomena as flooding and landslides, which led to the death of 3,000 people in May 2023 in Kalehe, South Kivu Province. Such natural disasters are expected to intensify in 2024.

The nutrition situation in the country remains critical, with 15 per cent of health zones on nutrition alerts. The number of emergency nutrition alerts is 6 per cent higher than the same period in 2022.¹⁶ Throughout the country, more than 1.2 million under 5 years of age require treatment for severe wasting; 4 million women/children need protection services; 6.6 million children require emergency water and sanitation; and 1.6 million children require emergency education.¹⁷

SECTOR NEEDS



1.2 million
Children affected by severe wasting¹⁸



4 million
children in need of protection services¹⁹



1.6 million
children in need of education support²⁰



6.9 million
People need water, sanitation, and hygiene²¹



1.8 million
IDPs in need of assistance since January 2023²²

STORY FROM THE FIELD



Justin (not his real name) agreed to tell his story from a UNICEF-supported centre for children previously associated with armed groups in eastern Democratic Republic of the Congo.

Justin's recruitment into an armed group began on a day just like any other. Everything changed when a man from his village approached Justin and his friends and asked them to join up. "We can make a lot of money," said the man, who was highly respected in the village.

[Read more about this story here](#)

"My life was in danger," says Justin, who fled from an armed group that had trapped him into joining.

While committed to prioritization, UNICEF will ensure that no child is left behind for all life-saving activities. In 2024, UNICEF will maintain its pivotal role as a front-line responder, prepared to deliver rapid, comprehensive, life-saving assistance and address the immediate and critical needs of vulnerable children, to ensure their multifaceted needs are effectively met. Gender sensitivity will be systematically integrated into the response.

To enable holistic humanitarian assistance, UNICEF will provide immediate access to essential services while placing the protection of children and their communities at the centre. Localization through community engagement and the empowerment of local organizations and existing structures remains the backbone of UNICEF's strategy. This allows for improved effectiveness, acceptance and enhanced access to hard-to-reach areas while increasing overall efficiency and value for money. This approach also sets the stage for longer-term interventions. Linking humanitarian efforts with development interventions, so critical for the Democratic Republic of the Congo, is a major priority of UNICEF's.

As crises occur, UNICEF and partners deliver vital, life-saving assistance to mitigate urgent needs and alleviate immediate impact. UNICEF's localized Rapid Response Mechanism addresses dynamic vulnerabilities resulting from population movements and natural disasters,²⁶ while the targeted rapid response to suspected cholera cases immediately breaks the chain of transmission.²⁷ Vulnerable children, including those associated with armed groups, unaccompanied or separated children and those affected by gender-based violence receive tailored care and services.²⁸

UNICEF strengthens links between health, nutrition, WASH, education, child protection, mental health and psychosocial support and gender-based violence programming to safeguard children's lives and improve access to quality, inclusive assistance within protective, child-friendly environments. UNICEF focuses on improving access to basic WASH services,²⁹ primary health care, immunization, prevention and early detection of severe wasting and referrals and treatment within communities and health facilities.³⁰ To support responses to public health emergencies, UNICEF, with the Government and partners, contributes to the coordination and response of several outbreak response pillars.³¹ Community needs, including essential social services for children, adolescents and women, will be addressed while strengthening community resilience mechanisms. The use of humanitarian cash transfers will help to meet urgent needs, with impact maximized through multipurpose transfers.³²

UNICEF prioritizes protection from sexual exploitation and abuse and will continue to enforce a holistic and systematic approach to scaling up related interventions, as well as gender-based violence prevention measures, within all interventions through an innovative mechanism.³³

UNICEF leads the WASH, Nutrition and Education Clusters, the Child Protection Area of Responsibility and the non-food items working group and co-leads the United Nations Monitoring and Reporting Mechanism in the country.

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

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



Health (including public health emergencies)

- **1,984,002** children vaccinated against measles, supplemental dose³⁶
- **749,700** children and women accessing primary health care in UNICEF-supported facilities
- **8,500** individuals receiving treatment for cholera/acute watery diarrhoea in UNICEF-supported facilities³⁷



Nutrition

- **3,008,172** children 6-59 months screened for wasting³⁸
- **933,574** children 6-59 months with severe wasting admitted for treatment³⁹
- **1,418,116** primary caregivers of children 0-23 months receiving infant and young child feeding counselling⁴⁰
- **7,222,520** children 6-59 months receiving vitamin A supplementation
- **399,321** children 6-59 months receiving SQ-LNS⁴¹



Child protection, GBViE and PSEA

- **1,210,476** children, adolescents and caregivers accessing community-based mental health and psychosocial support⁴²
- **1,145,238** women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions⁴³
- **1,719,043** people with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations⁴⁴
- **33,806** children who have received individual case management⁴⁵



Education

- **393,500** children accessing formal or non-formal education, including early learning⁴⁶
- **236,100** children receiving individual learning materials⁴⁷
- **7,154** teachers and facilitators trained in basic pedagogy and/or mental health and psychosocial support⁴⁸



Water, sanitation and hygiene

- **2,392,347** people accessing a sufficient quantity and quality of water for drinking and domestic needs⁴⁹
- **1,288,187** people accessing appropriate sanitation services⁵⁰
- **717,704** people reached with critical WASH supplies



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

- **110,000** households reached with UNICEF-funded humanitarian cash transfers (including for social protection and other sectors)⁵¹
- **6,600,000** affected people (children, caregivers, community members) reached with timely and life-saving information on how and where to access available services⁵²
- **150,000** people engaged in reflective dialogue through community platforms
- **350,000** people sharing their concerns and asking questions through established feedback mechanisms



Rapid response mechanism

- **1,242,000** people receiving essential household items and WASH kits with seven days of assessment
- **1,584,000** people around suspected cholera cases receiving targeted assistance in less than 48h⁵³

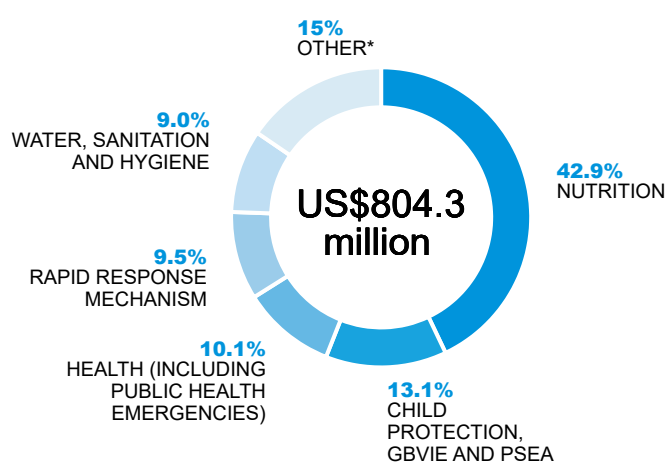
Target figures are aligned with the 2024 inter-agency planning document (the Democratic Republic of the Congo Humanitarian Response Plan) as endorsed by the Humanitarian Country Team. UNICEF has increased its targets versus the 2023 Humanitarian Response Plan, to ensure that our response plans, along with other cluster partners, will cover at least 75 per cent of the cluster-specific populations in need for all critical life-saving activities to align as much as possible with UNICEF's Core Commitment for Children.

FUNDING REQUIREMENTS IN 2024

UNICEF urgently seeks \$804.3 million to address the escalating humanitarian crisis in the Democratic Republic of the Congo and uphold children's rights in emergencies throughout 2024. While there has been a 7 per cent budget decrease compared with the 2023 appeal, this is not indicative of an improving humanitarian situation. On the contrary, conditions – especially in the eastern part of the country – have significantly deteriorated, and more than ever UNICEF is committed to ensuring no child is left behind. In this context, the changing funding requirements reflect a heightened prioritization of the most critical life-saving interventions in 2024.⁵⁴ UNICEF's target for the number of children to be reached has even increased by 7 per cent compared with 2023.

The funds requested are indispensable for UNICEF to deliver critical, life-saving services for the most vulnerable children, foster an integrated humanitarian response and employ community-based approaches to provide swift, effective and efficient support to 8.7 million children and their families. Without prompt and adequate funding, the multifaceted needs of these children will not be met. Nearly 2 million children under the age of 5 will go unvaccinated against measles, and more than 933,000 will be deprived of access to treatment for severe wasting and put at risk of dying. Additionally, nearly 2.4 million people will lack access to safe water; more than 1.2 million will go without rapid assistance for their most immediate needs; and more than 1.2 million children and caregivers will be denied essential mental health and psychosocial support. And 393,500 children will be unable to access formal education, a lifeline to their future.

Now more than ever, flexible resources are paramount for an efficient, swift and agile response to protect Congolese children and alleviate their suffering, safeguard their rights and make a meaningful improvement to their lives, well-being and prospects for the future.



*This includes costs from other sectors/interventions : Education (8.8%), Cross-sectoral (HCT, SBC, RCCE and AAP) (6.2%), Cluster coordination (<1%).

| Sector | 2024 requirements (US\$) |
|--|---------------------------|
| Health (including public health emergencies) | 81,124,574 |
| Nutrition | 345,294,058 ⁵⁵ |
| Child protection, GBVIE and PSEA | 105,020,258 ⁵⁶ |
| Education | 70,830,000 ⁵⁷ |
| Water, sanitation and hygiene | 71,991,250 ⁵⁸ |
| Cross-sectoral (HCT, SBC, RCCE and AAP) | 49,852,790 ⁵⁹ |
| Rapid response mechanism | 76,432,560 ⁶⁰ |
| Cluster coordination | 3,750,000 |
| Total | 804,295,490 |

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ENDNOTES

- UNICEF activated its Corporate Emergency Level 3 Scale-up Procedure for the Democratic Republic of the Congo for the following period: 5 June – 14 December 2023. The status will be reviewed on that date. UNICEF Emergency Procedures are activated to ensure a timely and effective response to all crises. The emergency procedures provide a tailored package of mandatory actions and simplifications required for all offices responding to Level 3, Level 2 and Level 1 humanitarian situations.
- The overall number of people in need corresponds to the Food Security Cluster, which has the highest number of people in need in the 2024 Humanitarian Response Plan. The people in need figure for UNICEF's mandate is 18.9 million. This includes: 7,602,653 children aged 6–59 months in need of vitamin A supplementation; 4,481,448 primary caregivers of children aged 0–23 months in need of infant and young child feeding counselling; 6,867,071 people in need of WASH services; including early learning; and 35,109 children in need of individual casemanagement.
- 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.
- Children make up 58.5 per cent of the population, based on the National Institute of Statistics Democratic Republic of the Congo Statistical Yearbook 2015–2017.
- UNICEF is committed to a needs-based approach to ensure that its response plans, along with other cluster partners, will cover 75 per cent of the cluster-specific people in need for all life-saving activities. UNICEF will serve as the provider of last resort where it has cluster coordination responsibilities. The total number of people to be reached is disaggregated as follows: 5,464,018 men/boys; 5,641,710 women/girls; and a total of 1,665,859 people with disabilities (disability estimates are based on the international standard of 15 per cent). The overall figure includes 7,222,520 children aged 6–59 months receiving vitamin A supplementation; 1,418,116 primary caregivers of children aged 0–23 months receiving infant and young child feeding counselling; 2,392,347 people accessing a sufficient quantity and quality of water for drinking and domestic needs; 38,938 survivors of gender-based violence receiving medical, psychosocial and legal care and socioeconomic and/or educational reintegration in emergency situations; and 33,806 children receiving individual case management.
- UNICEF is committed to a needs-based approach to ensure that its response plans, along with other cluster partners, will cover 75 per cent of the cluster-specific people in need for all life-saving activities. UNICEF will serve as the provider of last resort where it has cluster coordination responsibilities. The total number of children to be reached is disaggregated as follows: 4,269,885 boys; 4,408,743 girls; and a total of 1,301,794 people with disabilities (disability estimates are based on the international standard of 15 per cent). This includes 7,222,520 children aged 6–59 months receiving vitamin A supplementation; 1,399,523 children accessing a sufficient quantity and quality of water for drinking and domestic needs; 22,779 child survivors of gender-based violence receiving medical, psychosocial and legal care and socioeconomic and/or educational reintegration in emergency situations; and 33,806 children receiving individual case management.
- United Nations Office for the Coordination of Humanitarian Affairs (OCHA), République démocratique du Congo: Personnes déplacées internes et retournées, septembre 2023.
- Children are being recruited by armed groups, losing their families and homes, and being exposed to ever-growing levels of sexual- and gender-based violence. In situations of conflict and displacement, including in the ongoing crisis in the eastern part of the country and in Tanganyika and Mai-Ndombe Provinces, children face three main simultaneous risks: recruitment and use by armed groups or proxies; gender-based violence and sexual exploitation; and family separation. In 2022, the number of unaccompanied and separated children supported across the country increased by 76 per cent compared with the year before (5,102 children compared with 2,906 in 2021). As of September 2023, more than 1,700 unaccompanied and separated children were supported.
- In addition to being the country with the largest number of grave violations overall, the Democratic Republic of the Congo remains the country with the largest number of children recruited into armed groups globally and with the largest number of conflict-related sexual violence cases in the world. Between 40 per cent to 60 per cent of cases of sexual violence in North Kivu, South Kivu and Ituri Provinces are children, mostly adolescent girls. Source: United Nations, Children and armed conflict: Report of the Secretary-General, 5 June 2023 (for 2022 stats).
- Compared with the same period in 2022. Source: United Nations Monitoring and Reporting Mechanism in the Democratic Republic of the Congo, 2023.
- Ibid.
- Gender-Based Violence Area of Responsibility, October 2023.
- UNICEF, Democratic Republic of the Congo: Situation Report No. 3 – Level 3 emergency scale up – Ituri, North Kivu, South Kivu provinces, reporting period 1 August – 31 August 2023.
- As of epidemiological week 42, 185 health zones were reporting a measles outbreak, of which 51 per cent were at very high risk. Only 42 per cent of these health zones have organized a VAR response. In comparison, 55,771 suspected cases were reported in 2021. Source: Ministry of Public Health.
- Ministry of Health, Epidemiological weekly SitRep week 1-43 I (1 January – 8 November 2023).
- Democratic Republic of the Congo, National Programme of Nutrition, Nutritional surveillance and early warning monitoring, Bulletin no. 53, September 2023.
- Education needs include access to and retention in education through rehabilitation of schools, distribution of school supplies, quality of learning and psychosocial support. As of September 2022, more than 307 schools were closed due to insecurity. Source: Education under attack in West and Central Africa, September 2022 update.
- This is based on the cluster's 2024 calculation exercise, which considers a multisectoral risk analysis score derived from national nutrition survey data and health zone or territory data for locality-level information, combined with multisectoral information (IPC 2023). A total of 8.4 million people require nutritional assistance, of whom 1,244,765 children under the age of 5 will need emergency severe wasting assistance (2024 Humanitarian Response Plan) in non prioritized health zones.
- Democratic Republic of the Congo Child Protection subcluster, October 2023.
- Based on the Education Cluster, the total number of people in need includes children and teachers. The total number of children in need includes children aged 6–17 years affected by population displacements (internally displaced people, returnees and host community members) for a maximum of 12 months. Children aged 6–17 years represent 30 per cent of the whole population affected by displacement (18 per cent are aged 6–11 years and 12 per cent are aged 12–17 years). Following the ICN orientation on people in need calculation for increased prioritization, only health zones with a severity index 3, 4 and 5 are included.
- Democratic Republic of the Congo WASH Cluster, October 2023.
- OCHA, Democratic Republic of the Congo population movement factsheet, September 2023.
- This appeal is aligned with the revised Core Commitments for Children in Humanitarian Action, which are based on global standards and norms for humanitarian action.
- UNICEF is committed to supporting the leadership and coordination of humanitarian response through its leadership or co-leadership of cluster coordination for the WASH, Nutrition and Education Clusters and the Child Protection Area of Responsibility. All cluster coordinator costs are included in sectoral programme budgets.
- UNICEF is committed to empowering local responders in humanitarian crises in a variety of ways. The revised Core Commitments made investing in strengthening the capacities of local actors in the humanitarian response a mandatory benchmark for UNICEF action. A more localized response will improve humanitarian action and is fundamental to achieving better accountability to affected populations.
- UNICEF's Rapid Response Mechanism, or UniRR, is one of the main Rapid Response programmes operating in Ituri, North Kivu, South Kivu and Tanganyika Provinces. With an average of six days between the evaluation and the start of the assistance, UniRR is the fastest in-kind response mechanism in the country.
- 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.
- UNICEF's child protection and gender-based violence in emergencies programmes include both prevention and response through appropriate and individualized care and services, critical mental health and psychosocial support, family reunification and socioeconomic reintegration focusing on innovative interventions to prevent child protection risks and reach children at scale.
- Basic WASH services include improved water access, improved sanitation, health promotion with particular attention to infrastructure maintenance and community resilience for a more sustainable impact. Impact of climate change will be taken into account when appropriate and feasible (e.g., with the use of solar-powered pumping systems).
- To reduce malnutrition in the long term, UNICEF's response aims to increase the proportion of infants aged 0–5 months who are exclusively breastfed to 61 per cent and the proportion of children aged 6–23 months who are receiving the minimum dietary diversity to 25 per cent (by 2025).
- In public health emergencies, response pillars can typically include: surveillance, contact tracing, immunization, infection prevention and control, risk communication and community engagement, case management, etc.
- The deployment of strategic tools, systems (HOPE) and operational capacity has enabled UNICEF to implement pilots and humanitarian cash and social safety nets interventions in 2022 and 2023. In addition to the cash for nutrition approach, UNICEF further developed Rapid Response Cash Transfers and Cash+ GBV approaches in Tanganyika and South Kivu Provinces to support internally displaced people and vulnerable host community households.
- UNICEF has developed, funded and piloted an operational and programmatic tool called the Gender, GBV, PSEA mechanism (GGP). The tool addresses challenges highlighted through contextual issues, particularly faced by women and girls, such as the use of gender-based violence as a weapon of conflict, and the increased risks associated with large humanitarian presence during emergency response.
- Provisional figures.
- Beyond the UNICEF targets for these interventions, other humanitarian partners are expected to reach the remaining children/families in need.
- UNICEF will target 33.1 per cent of the cluster target.
- UNICEF will target 100 per cent of suspected cases in South Kivu and Tanganyika Provinces (7,500 cases) and 10 per cent of suspected cases in North Kivu (1,000 cases).
- UNICEF will target 30 per cent of the children under age 5 in high-priority health zones.
- UNICEF will target 75 per cent of the cluster's people in need total in high-priority health zones.
- UNICEF will target 83 per cent of the cluster's target.
- UNICEF and partners will target 55 per cent of the cluster's people in need number for blanket supplementary feeding programmes in high-priority health zones. SQ-LNS refers to small-quantity lipid-based nutrient supplement.
- UNICEF supports 65 per cent of the Child Protection Area of Responsibility target.
- Gender-based violence risk mitigation measures have to be implemented across all sectors. Target includes: beneficiaries for the child protection sector and 540,000 for other sectors (WASH, education, health, nutrition, emergency). The target for risk mitigation includes 85 per cent women and girls, 15 per cent boys; for prevention 60 per cent women and girls, 40 per cent men and boys; for response services (38,983) 30 per cent women, 60 per cent girls, 10 per cent boys.
- Represents 15 per cent of people to be reached by UNICEF.
- This target includes 100 per cent of unaccompanied and separated children and the children associated with armed groups and armed forces 'in need' number plus 60 per cent of other at-risk/vulnerable children affected by conflict and displacement for the support with socioeconomic reintegration in line with the Programme de Desarmement, Demobilisation, Relevement Communautaire et Stabilisation.
- UNICEF will target 62 per cent of the Education Cluster target, with a focus on children aged 6–11 years.
- UNICEF's target for distribution of learning materials is 60 per cent of the target of the first (access) indicator for education.
- UNICEF will target 62 per cent of the Education Cluster target.
- UNICEF will target 75 per cent of the Wash Cluster target.
- UNICEF will target 75 per cent of the Wash Cluster target.
- UNICEF aims to reach 20,000 households through the Rapid Response Mechanism to receive one-off multipurpose cash assistance to cover their basic needs for three months. In addition, 50,000 households will be assessed on the basic needs and cash plus approach and receive monthly multipurpose cash assistance for four months. Finally, through a cash for nutrition approach, 40,000 households will receive cash for four months to prevent malnutrition, improve food diversity for children aged 6–23 months, complement severe wasting treatment and prevent default.
- This target refers to people reached by all activities related to the dissemination of life-saving information, messages aimed at social and behaviour change and access to basic social services, including door-to-door visits, outreach to specific groups, SMS and digital and traditional media.
- The target is based on a projection of 17,600 suspected cases for 2024. Through the case area targeted interventions approach, 15 households (six members each) are targeted around each suspected cholera case.
- UNICEF will ensure that for all life-saving interventions at least 75 per cent of the people in need in the sectors led by UNICEF (WASH, nutrition, education, child protection) are targeted either by UNICEF or another cluster member in prioritized health zones with high severity of needs as per the Humanitarian Response Plan. As such, UNICEF is ensuring that 100 per cent of people in need are targeted for the WASH response to population movements and to epidemic outbreaks; 100 per cent of children associated with armed groups and forces, unaccompanied and separated children and gender-based violence survivors; and 75 per cent of children who need severe wasting treatment in the prioritized health zones (e.g. zones with the highest severity score). UNICEF deprioritized some activities such as education for children aged 12–17 years old, with only only 25 per cent of those in need targeted by UNICEF or another cluster member; and early childhood education, which is not included in this appeal. This prioritization aligns with the prioritization done by UNICEF-led clusters in the Humanitarian Response Plan.
- Nutrition is the largest component of UNICEF's funding request in the country. The proportion of severe wasting treatment compared with other nutrition interventions has increased compared with 2023, with an annual caseload now at nearly 1 million children. The cost of treatment for severe wasting has been updated and harmonized within the Nutrition Cluster, which has resulted in a budget increase.
- Includes \$46,417,075 for child protection interventions; \$35,083,155 for gender-based violence in emergencies interventions; and \$6,016,652 for protection from sexual exploitation and abuse interventions; and operational costs (20 per cent).
- The average unit cost for a short education in emergencies response for less than three months (EIE minimum package) is of \$150. This package comprises establishing temporary learning spaces, providing teachers and students with learning and teaching materials adolescent girls with menstrual hygiene kits, teacher training, recreational kits, hygiene kits and teacher training in psychosocial support, child-centred methodologies, etc, plus operational costs (20 per cent).
- Unit costs: distribution of WASH kits: \$12/person; sanitation: \$15/person; access to safe water is \$20/person for distribution of water via water trucking and \$15/person for extension of the pumping system; plus operational costs (20 per cent).
- Includes \$45,760,000 for humanitarian cash transfers, \$3,092,790 for social and behaviour change activities and risk communication and community engagement; and \$1,000,000 for the Integrated Analytics Cell activities.
- Includes \$56,490,000 for the UNICEF Rapid Response mechanism (UniRR) and \$19,942,560 for the cholera rapid response using the case area targeted interventions approach.