



OCHA

DEMOCRATIC REPUBLIC OF THE CONGO

HUMANITARIAN DASHBOARD

January to March 2025

PEOPLE
IN NEED

21.2M

PEOPLE¹
TARGETED

11M

PEOPLE²
REACHED

3.5M

PEOPLE³
COVERED

0.8M

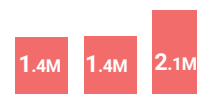
FUNDS
REQUIRED

2.54Md

FUNDS⁴
RECEIVED

222M

PEOPLE REACHED PER MONTH



J F M A M J J A S O N D

¹- Total of the highest targets set by any one of the clusters at the health zone level.²- People who received assistance at least once during the period, estimated using the highest value among the 122 available indicators at the health zone level.³- People who received multipurpose cash and/or multisectoral assistance in at least half of the clusters. The estimate is based on the lowest

value reported and, for multisectoral assistance, applied only if at least half of the clusters targeting the health zone provided data.

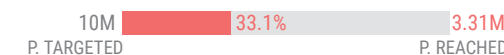
⁴- Funding reported on FTS as of 31 March 2025. However, some received funds may not yet have been reported. In addition, some funds reported in 2024 are being used to continue the response during the first months of 2025.

PEOPLE REACHED BY SECTOR*

	PEOPLE TARGETED	PEOPLE REACHED*	% REACHED	FUNDS REQUIRED (millions \$)	FUNDS RECEIVED
FOOD SECURITY	7.3M	1.8M	24.4%	1,114.8	35.0
SHELTER & NFI	1.8M	281.5k	15.7%	133.4	12.7
HEALTH	6.4M	1.0M	16.1%	200.2	17.9
EDUCATION	657k	40.0k	6.1%	66.0	2.8
NUTRITION	2.9M	399.0k	13.6%	275.2	8.0
WATER, HYGIENE AND SANITATION	4.9M	887.0k	17.9%	148.9	11.6
CCCM (CAMP COORDINATION & CAMP MANAGEMENT)	964k	205.6k	21.3%	37.1	0.5
PROTECTION	2.7M	586.5k	21.6%	177.4	26.9**
GENERAL PROTECTION	2.1M	62.4k	2.9%	42.4	10.3
CHILD PROTECTION	1.9M	125.3k	6.6%	73.9	8.6
GBV (GENDER-BASED VIOLENCE)	1.1M	298.0k	27.1%	45.0	8.0
ANTI-MINE ACTION	1.2M	139.0k	11.2%	3.5	0.0
HOUSING, LAND AND PROPERTY	707k	12.1k	1.7%	12.5	0.0
LOGISTIC	40k	6.2k	15.5%	48.8	2.2
REFUGEES	572k	-	-	195.0	9.2
CASH TRANSFERS	2.2M	234.3k	10.9%	94.2	44.0

PEOPLE REACHED BY STRATEGIC OBJECTIVE

STRATEGIC OBJECTIVE SO1 : SAVING LIVES AND ALLEVIATING THE SUFFERING OF PEOPLE AFFECTED BY RECURRENT SHOCKS, PARTICULARLY RELATED TO CONFLICTS, NATURAL DISASTERS, AND EPIDEMICS, THROUGH SAFE, EQUITABLE, INCLUSIVE, AND PRINCIPLED MULTISECTORAL HUMANITARIAN ASSISTANCE.



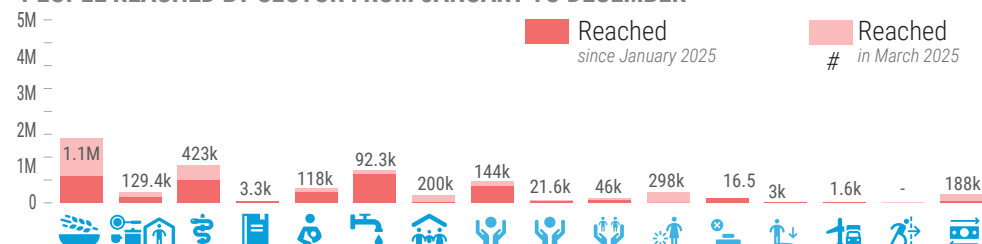
STRATEGIC OBJECTIVE SO2 : IMPROVING SAFE, EQUITABLE, AND DIGNIFIED ACCESS TO QUALITY BASIC SERVICES FOR PEOPLE AFFECTED BY RECURRENT SHOCKS, IN LINE WITH FUNDAMENTAL RIGHTS AND STANDARDS, TO PREVENT FURTHER EROSION OF THEIR RESILIENCE CAPACITIES.



PEOPLE REACHED BY PROVINCE, SEX AND AGE

Province	PEOPLE TARGETED	PEOPLE REACHED	PEOPLE TARGETED	PEOPLE REACHED
North-Kivu	3.4M	38%	1.3M	
South-Kivu	1.7M	22%	374k	
Ituri	1.4M	54%	772k	
Tanganyika	1.1M	33%	364k	
Kwilu	427k	5%	23k	
Mai-Ndombe	209k	11%	22k	
Kwango	172k	16%	28k	
Other provinces	2.6M	32%	1.9M	
Women	5.6M	50%	1.90M	
Men	4.4M	50%	1.59M	
Children (<18 ans)	6.0M	57%	2.01M	
Adults (18-59 ans)	4.5M	35%	1.25M	
Eldery (>59 ans)	418k	7%	233k	

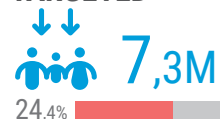
PEOPLE REACHED BY SECTOR FROM JANUARY TO DECEMBER



* People reached since January - Data unavailable ** Contributions received for protection's AoRs

FOOD SECURITY

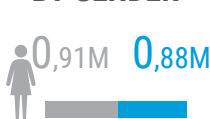
PEOPLE TARGETED



PEOPLE REACHED



P. REACHED BY GENDER



P. REACHED BY AGE GROUP



PEOPLE REACHED PER MONTH



INDICATOR	TARGETED	REACHED	% PEOPLE REACHED
# of people in emergency phase (phase 3 of the IPC scale) who have received food assistance.	3,7M	1,0M	27,8%
# of people in emergency phase (phase 3 of the IPC scale) who have received cash assistance.	3,7M	601k	16,4%

INDICATOR	TARGETED	REACHED	% PEOPLE REACHED
# of people/households in food crisis (phase 3 of the IPC scale) who have received agricultural production support.	1,8M	168k	9,2%
# of people/households in food crisis (phase 3 of the IPC scale) who have received support for the restoration of their livelihoods.	1,8M	126k	6,9%

MAIN ACHIEVEMENTS

- Despite ongoing clashes between FARDC, GANE, and M23, as well as access complexities and operational constraints, partners from the Food Security Cluster have continued providing emergency services and distributing essential food supplies.
- By the end of March, food security interventions reported by the partners of the cluster had reached 1.79 million people, representing 24% of the 7.3 million people targeted for 2025.
- For Specific Objective 1 (Saving Lives): 1.62 million people received emergency food assistance, equivalent to 22% of the target based on the Humanitarian Response Plan objectives for OS1.
- For Specific Objective 2 (Restoring Livelihoods): Around 294,000 people were assisted out of 3.7 million targeted, achieving 8% of the objective.
- Food distributions covered 86% of the caloric needs of assisted individuals, with an average of 1,813 Kcal distributed per person daily. This progress is encouraging, considering efforts to improve response quality toward the recommended 2,100 Kcal per person daily. In March 2025, partners delivered more than 80% of the required caloric intake during distributions.

CONSTRAINTS AND OPERATIONAL CHALLENGES

- Limited access to affected areas: Ongoing insecurity, including the presence of armed groups and active fighting severely restrict humanitarian aid delivery, particularly in Lubero, Masisi and Walikale territories.
- Pressure on local resources: Host communities share their already scarce resources, leading to rising food prices and limited access for vulnerable groups.
- Food stock shortages: Limited storage and supply capacity exacerbate stock disruptions and seasonal shortages.
- Poor infrastructure: Bad road conditions and extreme weather hinder the transport of essential food supplies to remote areas.
- Funding shortages: Insufficient financial resources prevent sustained food assistance for displaced persons and host populations.
- Operational uncertainties: Unpredictable funding and volatile conditions disrupt medium-term planning.
- Lack of funding: Available funding stands at \$57.3 million USD, approximately 5% of the required \$1.14 billion USD outlined in the humanitarian response plan. Emergency donor contributions are urgently needed to address crisis shocks and new displacement trends.

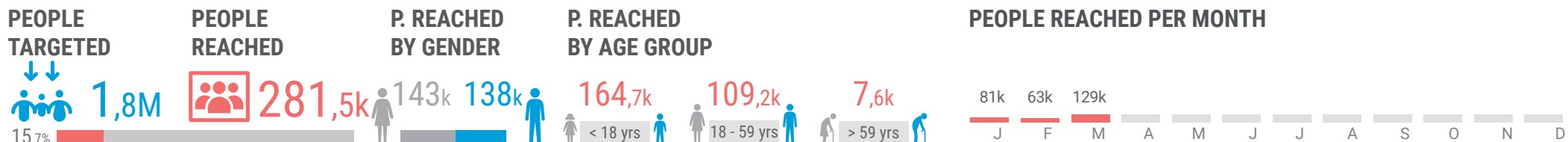
OPERATIONAL PARTNERS

As of March 2025, 47 organizations have contributed to the humanitarian response reporting including 19 International NGOs (INGOs), 25 National NGOs (NNGOs), 1 UN Agency and 2 organizations from the Red Cross/Red Crescent movement.

List of organizations :

ABCOM | ACF | ACTED | ADERI | ADRA | ADUR | AIBEF | AMDD | APETAMACO | APROBES | ASKC | AVUDS | BIFERD | BNCE | Caritas Bunia | CEDERU | CEIDEI | Christian Aid | CICR | CODEVAH | Concern | CRS | DPF | DRC | HC asbl | HEKS-EPER | IDIC | IFRC | JSD | LYEX | Malteser International | MAVUNO | MC | MDC | OXFAM-GB | PADEPU-A | PAF-AFRICA | PAM | RET Germany | SCI | SI | SP | Tearfund | VIFEDE | WHH-AAA | WR | WVI

SHELTER AND NON FOOD ITEMS



INDICATOR	TARGETED	REACHED	% PEOPLE REACHED	INDICATOR	TARGETED	REACHED	% PEOPLE REACHED
# of newly displaced people living in sites or collective centers or with host families who have received emergency shelter assistance (disaggregated by sex, age, specific needs) / (cash, in-kind, vouchers).	87k	0	0%	# of newly displaced people living in displacement sites or collective centers or with host families and vulnerable host communities who have received assistance in Non-Food Items (NFI) in cash, in-kind, or vouchers (disaggregated by sex, age, specific needs) modality.	468k	0	0%
# of people in prolonged displacement living in displacement sites or collective centers or with host families who have received assistance in household items through a flexible modality (cash, in-kind, vouchers).	222k	281k	127%	# of women and girls of reproductive age who received menstrual and intimate hygiene kits.	288k	37,3k	13,0%

MAIN ACHIEVEMENTS

- In March 2025, at least 6,884 people received shelter assistance in Ituri and North Kivu provinces. 4,578 people received transitional or durable shelter, while 2,306 others
- received emergency shelter; 2,750 people received assistance in-kind, while 4,134 people received a mix of cash & in-kind).
- Assistance in essential household items targeted Ituri, North Kivu, and South Kivu, with 129,419 people receiving emergency support; 59% children, and 51% women, reflecting focus on the most vulnerable groups.
- Moreover, 37,308 women and girls of reproductive age received menstrual hygiene kits since the beginning of the year, covering 13% of the needs.

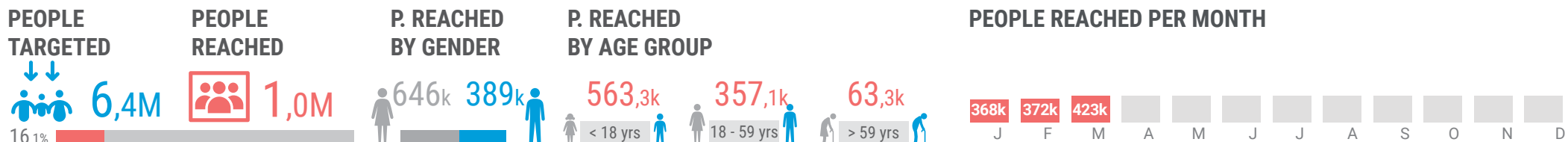
CONSTRAINTS AND OPERATIONAL CHALLENGES

- Despite substantial efforts, response to the needs in shelter and essential household items experiences structural and operational challenges that hinder the capacity to effectively address urgent humanitarian needs:
- Severe underfunding has drastically reduced the shelter and NFI response, and partners presence remains weak in South Kivu, Tanganyika, and Grand Bandundu, which limits the field operations.
- Persistent insecurity and poor road conditions significantly hinder aid delivery on many priority routes. Some strategic areas remain inaccessible, which limits effectiveness and reach of targeted people.
- Banks remained closed in several areas of North and South Kivu, making money transations impossible, despite efforts by partners. Persistent administrative blockades hinder iad delivery in southern Bukavu; negotiations for humanitarian access to the Ruzizi plains are on standby.
- Land and shelter disputes hinder returning populations in North Kivu, with secondary occupation of shelters and land creating a critical housing, land, and property (HLP) issue. Addressing HLP concerns is essential for the effectiveness and sustainability of shelter interventions.

OPERATIONAL PARTNERS

- In March 2025, 6 organizations have contributed to the humanitarian response reporting including 2 organizations contributing to shelter assistance (1 INGO, 1 UN Agency) and 4 organizations contributing to NFI assistance (1 Red Cross/Crescent organization, 2 INGOs, 1 NNGO)
- List of des organizations :
- ABRI : NRC | OIM
- AME : AIRD| UniRR-CR NK| PPSSP | SI

HEALTH



INDICATOR	TARGETED	REACHED	% PEOPLE REACHED	INDICATOR	TARGETED	REACHED	% PEOPLE REACHED
# of people who received primary healthcare services	4,7M	761k	16,0%	# of severely malnourished children who received medical treatment	1,1M	1k	0,1%
# of people who received secondary healthcare services	1,4M	14,2k	1,0%	# of people vaccinated against measles	1,4M	160k	11,6%
# of survivors of sexual violence who received clinical care	474k	7,2k	1,5%	# of children with severe acute malnutrition (MAS) and medical complications who received care	660k	4,0k	0,6%

MAIN ACHIEVEMENTS

- In March, the Health sector intensified its operations, reaching 422,701 people with emergency health services, bringing the total number of people reached to 1,034,267. Key activities focused on primary health care (PHC), reproductive health services (RHS), clinical management of sexual violence, secondary health care (SHC), psychosocial support (PSS), as well as the prevention and disease control (measles, cholera, Mpox).
- The most significant activity remains PHC, with 284,210 people reached in March, reflecting the high demand for general consultations in supported health facilities. An increase in reproductive health demand is also notable, with 21,408 people accessing care, reflecting the intensification of reproductive health services in several rural and sub-urban areas. Mental health interventions (PSS) reached 8,369 people, a notable increase due to the combination of mental health services and health interventions.
- Measles prevention activities have steadily increased, reaching 87,421 people in March in response to the resurgence of measles outbreaks in several provinces. The medical response to measles, involving 546 cases, along with initial interventions against cholera (426 cases) and Mpox (682 cases), demonstrates the partners' prompt and effective response to these outbreaks.
- Variations and target analysis: A notable increase between achievements and baselines is noted, especially in PHC, RHS, and measles prevention. This progress is mainly due to:
 - Intensification of coverage through mobile clinics;
- Improved access in several areas of North Kivu;
- Rapid response to localized outbreaks (measles, cholera, Mpox).
- Available funding prompting rapid response: A strong linkage between the level of achievement and available funding. Areas that benefited from flexible and rapid funding (especially for PHC and outbreaks) were able to deploy more activities. Adversely, underfunded activities (mental health, GBV management, malnutrition) experienced weaker impact.
- Compared to February (cumulative 372,115 people reached), March marks a significant acceleration with 422,701 new people reached, representing 13.6% increase, corresponding to 50,586 people.
- This momentum must be sustained by continuous financial mobilization to maintain the pace and expand coverage.
- Monitoring of coordination activities within the medical logistics task force, medical assistance to war injuries, and medical assistance to sexual violence.

CONSTRAINTS AND OPERATIONAL CHALLENGES

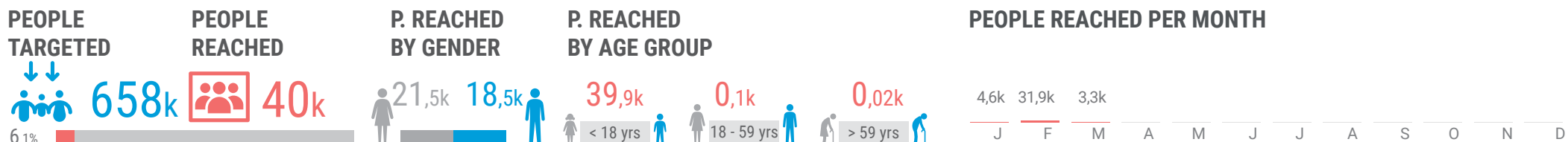
- Partners disengagement from priority health zones due to funding cuts, leaving considerable gaps in health services for the displaced and returnees.
- Geographical and cultural accessibility issues in certain areas of insecurity.
- Continuation of health services in some insecure areas to prevent potential epidemics and other phenomena.
- Insufficient funding to meet all needs.
- Funding cuts from BHA for some partners, leading to the disruption of post-rape kits after suspension of IMA project.
- Recurring shortages of medications provided to facilities by development programs (Malaria, HIV-TB, FP, etc.).
- Insufficient funding affecting the implementation of many health activities and epidemic response.
- Limited intersectoral coordination, slowing integrated interventions.
- Insecurity and physical obstacles (floods and impassable roads) hinder access to certain health zones.
- Lack of qualified human resources in some peripheral areas.
- Insufficient care kits, particularly for cholera, measles, and Mpox.
- Absence of specialized centers for Mpox care in several critical areas, especially in Moba.
- Insufficient medical assistance and basic infrastructure.
- In Tanganyika, potential violence between displaced persons and host populations due to pressure on resources.

OPERATIONAL PARTNERS

In March 2025, 46 organizations have contributed to the humanitarian response reporting including 19 international NGOs, 23 national NGOs, 2 UN agencies, 1 organization from the government, and 1 organization from the Red Cross/Red Crescent movement.

Liste des organisations : ACF | ACHUD | AFPDE | AGIR RDC | AIDES | AJEDEC | ALIMA | ARC | CARITAS Goma | CBCA | CENEAS | CI | CICR | CORDAID | COSAMED | Croix Rouge RDC | FCD | FMM | GRAM | Heal Africa | HI | IMC | IPAS RDC | IRC | JIA | MAGNA | MDM | MDM - B | MDM-F | MEDAIR | MI | MSF-B | MSF-F | OMS | PASMU | PPSP | PUI | RADPI | SCI | SCOSAF | SOFEDI | SOS VILLAGES D'Enfants | UNICEF | Wokovu Way | YAFRHH.

EDUCATION



INDICATOR	TARGETED	REACHED	% PEOPLE REACHED	INDICATOR	TARGETED	REACHED	% PEOPLE REACHED
# of children aged 5-17 in displacement and those in host families who gained access to quality inclusive education opportunities (disaggregated by gender, age, and disability).	646k	39,9k	6,1%	# of displaced children aged 5-17 and those in host families who participated in transitory classes or accelerated education programs to reintegrate into formal schooling.	646k	4,6k	0,7%
# of teachers (male and female) trained on key education topics, including child-centered teaching methodology, psychosocial support, and safeguarding against abuse and exploitation.	11,7k	124	1,0%	# of children aged 5-17 in displacement for more than seven months or living with host families who received learning materials, teaching supplies, recreational kits, and hygiene items.	646k	40,4k	6,3%

MAIN ACHIEVEMENTS

In March 2025, 3,250 children (1,677 girls) aged 5 to 17 had access to educational opportunities thanks to the Education Cluster partners in the provinces and localities of Ituri (Irumu), North Kivu (Goma), Kasai Central (Demba, Dibaya, Kananga), Sankuru (Lodja) through the following strategies:

- Improving access to education:** 2,670 children (1,313 girls) benefited from the construction of six classrooms and the rehabilitation of 18 others. 180 children (104 girls) participated in catch-up classes, and 580 other children (300 girls) in remedial classes, while 3,099 children (1,633 girls) benefited from remediation courses. Partners distributed school kits to 13,392 children (6,641 girls) and hygiene kits to 50 girls. 500 children (291 girls) were involved in vocational training (sewing, entrepreneurship, carpentry, and other trades). Awareness campaigns on the importance of education reached 3,499 people (1,665 women), while those on epidemic risks through educational activities reached 9,081 children (4,399 girls).
- Strengthening child protection in schools:** 2,324 children (1,079 girls) received recreational kits distributed in five schools. Additionally, 2,926 children (1,456 girls) were involved in activities to strengthen child protection in schools. 30 teachers (10 women) participated in workshops to develop school improvement plans, and 148 children (76 girls) were sensitized on gender-based violence, sexual exploitation and abuse, and school property management.
- Reinforcing quality learning:** Five schools received teaching kits. 52 teachers (9 women) were trained on child-centered education, and 98 teachers (33 women) received supplies.
- Strengthening the education system:** The national Education Cluster team continued to strengthen the capacities of provincial clusters to ensure alignment with response priorities and accurate and timely reporting. It conducted an evaluation of the reopening of schools and the return of children to establishments after their closure in the provinces of North Kivu and South Kivu. Additionally, the Cluster continued to assess the state of the response and mobilize partners to strengthen their presence in underserved areas. Mapping of partner operations and capacities continued to guide intervention planning. Finally, the Education Cluster supported the allocation process of FER and MYRP funds received from Education Cannot Wait (ECW).

CONSTRAINTS AND OPERATIONAL CHALLENGES

- Emergency education responses experienced been challenges requesting sustained attention to ensure the success of interventions.
- By the end of March, 1,935 schools in North Kivu and South Kivu were closed due to the resumption of hostilities in these two provinces, affecting 732,890 children.
- 127 schools are still being used as shelters, including 115 in North Kivu, 2 in South Kivu, 2 in Ituri, 2 in Kwilu, and 6 in Tshopo. Additionally, 119 schools are still occupied by armed groups, including 99 in North Kivu, 17 in South Kivu, 2 in Ituri, and 1 in Tshopo.
- Difficulty accessing intervention areas due to the fragile security situation caused by armed conflicts (South Kivu: Walungu, Kalehe, Fizi territories; North Kivu: Nyiragongo, Lubero, Rutshuru, Masisi, Walikale, and the city of Butembo; Ituri: Irumu, and South Kivu: the city of Bukavu).
- Difficulties accessing areas due to the advanced deterioration of roads.
- Gaps in contingency stock.
- Cash flow disruption due to the closure of banks in North and South Kivu.
- Lack of funding to emergency education sector: only USD 2,809,156 funding received at the end of March, representing 4.3% of funding requested for the education sector.

OPERATIONAL PARTNERS

In March 2025, 48 organizations have contributed to the humanitarian response reporting including 6 INGOs, 40 NNGOs and 2 UN agencies.

Liste of organizations :

WFP | UNICEF | DRC | AVSI | NRC | JRS | COOPI/EHS | AJEDEC | AMAIN | ASDEM | APETAMACO | BIFERD | EDU | TPO RDC | PACIF | APEDC | DADS | FAHDS | CAAP-T | AIPD | APEDC RDC | CONGO.JU | AGOPA | CAPE | ASOPROSAFD | CEF-JDD | CERAO | GHOVODI | ULCDDI | ODH | GRACE | ACAD | ACDDI | CADEGO | LIFID | NHB | SPS | AIDES | DEDI ONG | GSEO | KUA RD CONGO | VESP | MESAS ONG/ASBL | NEDGK ONGD | FDC-ONG | FECONDE | ASDERU |

NUTRITION



INDICATOR	TARGETED	REACHED	% PEOPLE REACHED	INDICATOR	TARGETED	REACHED	% PEOPLE REACHED
# of children under 5 years (0–59 months) with severe acute malnutrition (SAM) who received treatment.	533k	81k	15,1%	# of children aged 6–23 months who received supplementary feeding (BSFP)	331k	21k	6,3%
# of pregnant and lactating women (PLW) suffering from acute malnutrition who received treatment.	418k	32k	7,7%	# of people living with tuberculosis (TB) who received nutritional support.	12k	-	-
# of children under 5 years (0–59 months) with moderate acute malnutrition (MAM) who received treatment.	987k	122k	12,4%	# of individuals who received counseling on appropriate infant and young child feeding practices, including pregnant and lactating women.	1,1M	134k	12,7%

MAIN ACHIEVEMENTS

- In March 2025, sectoral interventions enabled treatment of severe acute malnutrition (SAM) for 27,701 children under five, including 15,003 girls and 12,698 boys. Additionally, 20,348 children with moderate acute malnutrition (MAM) were treated, comprising 10,988 girls and 9,360 boys; 3,873 pregnant and lactating women (PLW), suffering from were treated for moderate acute malnutrition. No cases of malnutrition were reported among people living with HIV and tuberculosis (TB). The blanket supplementary feeding program (BSFP) treated 13,246 children aged 6 to 23 months, including 7,418 girls and 5,826 boys, along with 5,796 pregnant and lactating women. Preventive activities related to infant and young child feeding in emergencies (IYCF-E) reached 47,159 pregnant and lactating women. According to the 5W analysis, 116 health zones out of the 134 benefiting from nutritional interventions are prioritized in the Humanitarian Response Plan (HRP) 2025.

CONSTRAINTS AND OPERATIONAL CHALLENGES

- Persistent insecurity in the provinces of North Kivu, South Kivu, and Ituri continues to severely hinder the nutritional response, particularly due to clashes between the FARDC and the M23. Closing of projects funded by USAID/BHA, difficulties accessing insecure areas, and frequent stock shortages have significantly weakened the continuity of care. Several health facilities remain inaccessible or partially functional, affecting access to nutritional services for children under 5 and pregnant/lactating women.
- In March 2025, partners were able to gradually resume their interventions through strategic repositioning: SCI, MEDAIR, JUH, COOPI, RHA, and others expanded their activities in the areas of Nyiragongo, Kirotshe, Minova, and Lusangi. Additionally, new partnerships with GRAINES, MDA, CONOPRO, AFEDEM, and COOPI were established, helping to fill gaps in the nutritional response. During this period, 1,235 children suffering from SAM were treated, as well as 290 children and 692 PLW with MAM. Approximately 11,373 children were screened, and over 8,000 people were sensitized to IYCF.
- A rapid assessment revealed 4.7% of global acute malnutrition among children, including 1.3% SAM in the Nyiragongo health zone (Kasizi, Kingarambe, Buhumba). Areas of critical vulnerability were identified, particularly among PLW in the village of Kabindi, 23.1% of women developing signs of wasting.
- The availability of supplies remains fragile: SCI announced a stock of 5,000 cartons of Plumpy'Nut, while JUH and PUI confirmed orders for more than 2,000 cartons of nutritional products and 37 tons of inputs. A donation of 2,000 cartons of Plumpy'Nut to PRONANUT is also under discussion.
- However, the response is still hampered by insufficient funding (USD 27.9 million needed), insecurity, the temporary closure of Goma airport, and weak local capacities. It is urgent to mobilize new funds, secure supply chains, strengthen buffer stocks, and technically support SMART surveys for a more targeted and sustainable response..

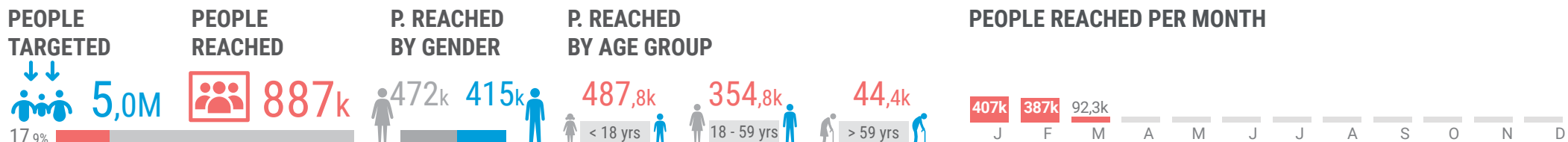
OPERATIONAL PARTNERS

In March 2025, 53 organizations have contributed to the humanitarian response reporting including 28 NGOs, 22 INGOs, 1 organization from government with the support of 2 UN agencies (UNICEF and WFP) :

List of organizations :

8eCEPAC | AACDS | AAP | ACF | Action Santé | ADRA | AFEDEM | AFPDE | AIDES | ALIMA | APEFFIVU | APETAMACO | APRESA | CADERSA | CARE | CARITAS-UV | CEAPRONUT | CHWID | CONCERN | COOPI | CRNK | EBD asbl | GD | GRAINES | IMA | IMC | IRC | IREDIE ASBL | JUH | KESHO CONGO | LB | MAGNA | MDM-F | MEDAIR | MEDES | MSF-B | MSF-F | PAF-AFRICA | PAM | PIN | PMNS/UG-PDSS | PPSP | PUI | RACQJ | RADPI | SAD International | SANRU | SCI | SDC | SP | TPO-RDC | UNICEF | WHHJ

WATER, HYGIENE AND SANITATION



INDICATOR	TARGETED	REACHED	% PEOPLE REACHED	INDICATOR	TARGETED	REACHED	% PEOPLE REACHED
# of people living in health zones at risk of epidemics who received an inclusive WASH service package (preparedness and prevention).	1,1M	89,1k	8,3%	# of people affected by conflicts, natural disasters, or displacement (less than six months) who gained access to inclusive WASH services.	1,6M	664k	41,6%
# of children and pregnant/lactating women affected by severe acute malnutrition who accessed WASH services at treatment centers and households.	301k	115k	38,1%	# of people affected by epidemics (cholera, etc.) who received a WASH service package (response).	2,9M	591,7k	19,8%
# of people affected by conflicts, natural disasters, or displacement (more than six months) who gained access to inclusive WASH services.	1,6M	89,1k	5,6%	# of unaccompanied children (ENA) in care centers and children associated with armed forces and groups (EAFGA) in transit and orientation centers (CTOs) who have access to inclusive WASH services.	22,9k	0k	0%

MAIN ACHIEVEMENTS

- As of March 2025, interventions in water, hygiene, and sanitation (WASH) reached at least 886,995 people, mainly in conflict-affected areas in eastern DRC. These interventions mainly targeted populations in return areas (South and North Kivu provinces) and displaced persons sites (Ituri and Tanganyika provinces).
- Despite funding cuts for WASH many projects and partners, the most significant activities in the second half of March targeted populations in return areas.
- Access to drinking water:** Solidarités International set up and restored two drinking water supply systems in Bouha and Guisseke in Rutshuru territory. Oxfam continues to the restoration of the Kishishe water supply networks in Sake, Masisi territory, with 19 water points completed of the 24 planned. Yme Grand Lacs, a UNICEF partner, continues to supply 350 m³/day of drinking water by pumping along the Kanyaruchinya – Bushagara axis and has also restarted the Bulengo water station for the host community. Tearfund maintains an average supply of 80 m³/day of drinking water in two collective centers in Baraka, Goma, while BIFERD supplied nearly 45.6 m³/day by water trucking distributed over Buhimba, Kibumba, and Sake. NGOs PPSSP26, IRC, Oxfam, and BIFERD continue to support water chlorination points installed in Goma and its surroundings to ensure continuous access to drinking water and mitigate cholera contamination risks in the city.
- Access to sanitation services:** After the dismantling of IDP sites around Goma, Solidarités International disinfected and backfilled 215 latrine pits in former IDP sites along the Kanyaruchinya axis around Goma. NRC emptied and decongested 160 latrine pits in Bushagara and Rusayo II Extension and emptied three solid waste dumps. ACF disinfected and emptied 69 latrine pits.
- Hygiene and sanitation knowledge and practices:**
 - NGOs Solidarités International, Oxfam, Yme Grand Lacs, and Tearfund distributed over 3,500 WASH kits and more than 4,500 intimate hygiene kits to vulnerable households in the health zones of Kirotshé, Goma, and Nyiragongo.
- Strengthening infection prevention and control in healthcare settings:**
 - MEDAIR set up two showers and two latrines at the Kihindo CTC and created a waste area at the Mushaki Health Center in Masisi territory.
 - On March 19, Mercy Corps handed over a mini drinking water supply network with a photovoltaic system to local authorities in Mambasa Centre. This project, funded by FCDO, improves access to drinking water for approximately 21,400 people in the Mputu health area.
 - Since March 5, the NGO Programme Nutrition d'Abord (PNA) installed a water borehole with a 10 m³ tank and a photovoltaic system to supply 998 households in the villages of Zaba and Zago (Djugu territory).
 - PPSSP set up five water sources and built four latrines and showers in the health areas of Dhendo, Ngadjoka, and Krido (Djugu territory).

For more information, kindly contact: brcamara@unicef.org, jbara@unicef.org, giesslikunde@gmail.com

CONSTRAINTS AND OPERATIONAL CHALLENGES

- Humanitarian access remains a major challenge in eastern DRC. Currently, the cities of Goma and Bukavu are deprived of direct humanitarian supply hub, as the airports remain closed. The only humanitarian delivery route remains via Rwanda and Burundi, significantly limiting intervention capacities on the ground.

OPERATIONAL PARTNERS

In March 2025, 12 organizations have contributed to the humanitarian response reporting including 8 INGOs, 2 NNGOs, 1 UN agency, and 1 organizations from Red Cross/Crescent organization.

List of organizations :

ASDC | CARE | CICR | Concern | IRC | MSF | NCA | OXFAM | OIM | Solidarité Internationale | Tearfund | Yme Grand Lacs |



CAMP COORDINATION AND CAMP MANAGEMENT

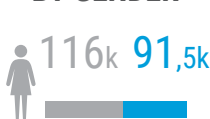
PEOPLE TARGETED



PEOPLE REACHED



P. REACHED BY GENDER



P. REACHED BY AGE GROUP



PEOPLE REACHED PER MONTH



INDICATOR	TARGETED	REACHED	% PEOPLE REACHED
# of people living in sites and collective shelters who benefited from coordination, management, and administration follow-up actions for emergency assistance, disaggregated by age, gender, and disability (disaggregated by sex, age, specific needs)/(cash, in-kind, vouchers).	772k	198k	25,6%
# of people living in sites and collective shelters who received support for durable solutions (intent surveys, assistance for site closure) disaggregated by age, gender, and disability.	386k	14k	3,7%

INDICATOR	TARGETED	REACHED	% PEOPLE REACHED
# of newly displaced persons living with host families who received rent assistance (disaggregated by sex, age, and specific needs).	13k	-	-
# of people living in sites or other collective facilities who benefited from site development, reorganization, or improvements, including protection and security risk mitigation measures (cash, in-kind, vouchers).	514k	119k	23,1%

MAIN ACHIEVEMENTS

- Ituri:** Capacity-building workshop for committee members on early warning tools and maintaining the civilian character of IDP sites in the Irumu territory, with 101 participants, including 28 women and 73 men. Organization of a multisectoral assessment and collection of intentions for durable solutions in the health zone sites of ANGUMU in MAHAGI. Out of 1,909 expected households (1,017 from the Awasi site and 892 from the Ramogi site), 1,860 were surveyed, achieving a completion rate of 97.4%. 16 awareness sessions conducted in 10 sites on the themes of CFM, PSEA, and SAP, benefiting 4,370 people, including 2,537 women. AAP awareness in 21 sites in the health zones of RWAMPARA, NIZI, and FATAKI, reaching 3,967 people (2,384 women) and 444 leaders (212 women) through mass awareness and community meetings. These activities were accompanied by the provision of 731 awareness tools, including 337 image boxes, 119 A1-sized printed tarpaulins, and 255 A3-sized printed tarpaulins. 59 management and coordination meetings in 50 SDs (1,187 people, including 530 women representing INGOs/NGOs, local authorities, community leaders, and site committees).
- North Kivu:** Continuous update of the situation in new installations after the dismantling of sites around Goma. 14,339 IDPs (2,783 households) were identified in 52 new collective centers. In Grand North Kivu, 17,700 IDPs (2,883 households) were registered in 21 collective centers and 6 spontaneous sites in the territories of Lubero, Beni, and the city of Beni. Awareness on durable solutions for residual IDPs in former sites and collective centers, reaching 9,720 people, including 7,452 women.
- South Kivu:** Monitoring population movements in return areas. Presentation of the food insecurity gap in several displacement areas with SECAL. Participation in the COHP meeting on the revision of the severity of health zones for HNRP needs. Meeting with the DCA team and its implementing partner ADIC on planning awareness activities on unexploded remnants of war (ERW) and securing ERW issues (Bukavu-Minova axis).
- Tanganyika:** 5 management meetings in the sites with IDPs and some service providers, gathering 185 people, including 65 women. 2 complaint feedback sessions with 314 people, including 115 women, in the Kisengo sites. Multisectoral assessment in spontaneous sites along the Moba axis: Terre Noire, Sindano, Kazerne. An estimated 8,000 people were sensitized on GBV, AAP, hygiene, and humanitarian principles.

CONSTRAINTS AND OPERATIONAL CHALLENGES

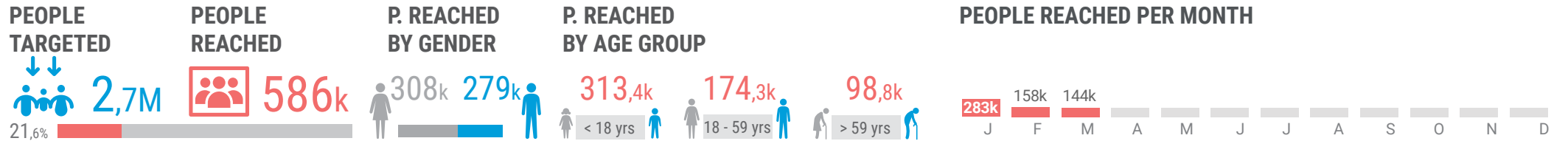
- The following constraints were recorded in March 2025 during the implementation of CCCM activities:
- Ituri:** The suspension of USAID/BHA funding significantly impacted the response capacity to the needs of displaced persons sites in Ituri. Increased activism of non-state armed groups and clashes with UPDF in the health zones of Fataki and TCHOMIA forced some displaced persons from the sites of Plaine SAVO, LALA, TSHUKPA, LODA DJAIBA, and NYAMUSASI 2 to move again to other sites (including those in the city of Bunia) or to FAMAC. Monitoring continues in various areas. These clashes also led to human rights violations.
- North Kivu:** Forced dismantling of sites around Goma, exposing IDPs to protection incidents. Forced evictions and attacks on sites and collective centers in Grand North Kivu by private landowners demanding rent for their lands.
- South Kivu:** Need for funding for durable solutions in return areas. Collapse of GBV reporting mechanisms and increased risks for survivors and vulnerable children. High risk of unexploded ordnance in the area. Lack of psychosocial and psychological support structures.
- Tanganyika:** Suspension of USAID funding further exacerbated the challenge of significantly reduced assistance in the sites. Several sectors are not covered (health, food security, shelter, and WASH). Weak positioning of actors to support durable solutions, while several sites are concerned with closure and support for durable solutions. Physical access issues related to road deterioration (especially during the rainy season) and insecurity, limiting the population's access to humanitarian assistance. The withdrawal of some actors from the area negatively impacts the response in the sites.

OPERATIONAL PARTNERS

In March 2025, 8 organizations have contributed to the humanitarian response reporting including 2 UN Agencies (UNHCR | OIM), 4 NGOs (AIDES | CARITAS | CIAUD | WHN) and 2 organizations from the government (CNR | DIVAH)

- Non available

PROTECTION



INDICATOR	TARGETED	REACHED	% PEOPLE REACHED	INDICATOR	TARGETED	REACHED	% PEOPLE REACHED
# of people who participated in or benefited from social cohesion and peaceful coexistence initiatives.	119k	6,3k	5,3%	# of unaccompanied children (including children with disabilities) identified, placed in temporary family care, or reunited with their families.	21k	3,2k	14,7%
# of survivors of sexual violence who received medical care (disaggregated by age, gender, disability, and displacement status).	130k	22,3k	17,2%	# of people living in contaminated areas who benefited from decontamination and destruction of explosive remnants of war (REG) and abandoned light weapons (ALPC) (disaggregated by age, gender, disability).	1,2M	113k	9,1%
# of vulnerable women and girls who received dignity kits (disaggregated by age, disability, and displacement status).	30k	1,5k	5,1%	# of people benefiting from support for peaceful resolution of land conflicts.	4,1k	150	4%

MAIN ACHIEVEMENTS

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CONSTRAINTS AND OPERATIONAL CHALLENGES

-

OPERATIONAL PARTNERS

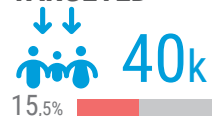
In March 2025, 112 organizations have contributed to the humanitarian response reporting including 17 INGOs, 91 NGOs, 03 UN Agencies and 1 organization from the government.

List of organizations :

ACAD | ACDDI | ACF | ACOPE | ADECO | ADRF | AHDI | AIBEF | AJEDEC | AJID | AJPDOFE | ALIMA | AMAIN | AMAPA-AFRIQUE | APAM | APDD | APEDC-RDC | APEFFIVU | ARDI | ASDC | ASDERU | ASIDD | AVREO | AVSI | BEM | BIALOC | BIFERD | BNCE | CAJED | CANACU | CAPE | CAPSY-ONGD | CARE | CARITAS | CEDERU KIBUTUTU | CEF | CEFK | CENEAS | CERA0 | CFAD | CFED | CIAUD-CANADA | COEMAL | CONCERN | CORACON | CR RDC | DFDI | DFJ | DIVAS | DRC | ECAVOPK | EDU | ENAV | FDA | FECONDE | FMMDI | FOM | FOMI | FON | FP | FPM | HA | IDAV -RDC | IDIC | IEDA RELIEF | IFEDD | IFRC | IRC | JBNKM | JS | LB | LSC | LYEX | MAC | MC | NRC | ODH | OHAVRDC | OPFK | OSD | PAEESTRDC | PAMI | PDEH | PDHPES | PFP | PRODECOM | RAC0J | RAD | REDHO | REFED | ROPAC | SADEF | SAFDF | SARCAF | SCI | SIJFMCO | SMM | SOFEPADI | SP | SPN | TP | UFCS | UFDH | ULCDDI | UNFPA | UNHCR | UNICEF | UPDECO | WAA | WCA | WHG | WNP.

LOGISTICS

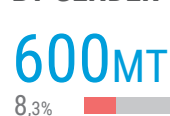
PEOPLE TARGETED



PEOPLE REACHED



P. REACHED BY GENDER



P. REACHED BY AGE GROUP



PEOPLE REACHED PER MONTH



INDICATOR	TARGETED	REACHED	% PEOPLE REACHED	INDICATOR	TARGETED	REACHED	% PEOPLE REACHED
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MAIN ACHIEVEMENTS

- In March 2025, the Logistics Cluster held five coordination meetings with partners in the DRC: one for South Kivu and four at the national level with North Kivu, South Kivu, Ituri, and Kinshasa.
- Regarding the humanitarian air transport service (UNHAS) in March 2025: 1,583 passengers traveled with UNHAS out of the 1,937 booking; a total of 6,204 passengers traveled with UNHAS out of the 7,278 booking since January 2025. Of the 17.37 MT of cargo requested in March 2025, 15.64 MT were transported by UNHAS. A total of 50 MT of cargo were transported out of 58 MT requested since January 2025.

CONSTRAINTS AND OPERATIONAL CHALLENGES

- Following the clashes, many humanitarian partners lost their stocks intended for the humanitarian response in the country, and many warehouses were looted, making the humanitarian response very difficult.
- The Logistics Cluster team launched an assessment of capacities and estimates of humanitarian freight planned for the response in North and South Kivu from February 6 to 12, 2025, with partners, which showed a fairly limited level of access to main logistics services. The customs clearance process and access in certain areas require more clarity, access to storage infrastructure remains very limited, and road transport is not available on all routes.
- Uncertainty and access constraints related to security and the state of infrastructure impact the planning of the supply chain for a rapid and effective response.

OPERATIONAL PARTNERS

In March 2025, 48 organizations have contributed to the humanitarian response reporting including 25 INGOs, 13 NNGOs, 8 UN agencies and 2 donors.

List of organizations :

Action Aide au Développement Communautaire (AADC-DRC) | Action Contre la Faim (ACF) | Action Congolaise pour la Paix et le Développement (ACOPD) | Agence d'Aide à la Coopération Technique et au Développement (ACTED) | Association des Enfants Orphelins (AEO) | Appui aux Femmes Démunies et Enfants Marginalisés (AFEDEM) | Alliance Humanitaire (AH) | African Initiative for Relief and Development (AIRD) | Aviation Sans Frontière (ASF) | Action Solidaire aux Vulnérables (ASOV) | Care International (CARE) | Caritas Bukavu | Child Women International Development (CHWID) | Comité International de la Croix Rouge (CICR) | Comité pour le Développement et Assistance Humanitaire (CODEVAH) | Concern WorldWide (Concern) | Catholic Relief Services (CRS) | Développeurs Sans Frontières (DSF) | European Commission Humanitarian Aid and Civil Protection (ECHO) | Fondation PANZI | Groupe d'Action pour le Développement (GRAD) | Action Humanitaire en Afrique (HAA) | Entraide Protestante Suisse (HEKS-EPER) | Handicap International (HI) | Logistique Humanitaire (HULO) | Mercy Corps | Médecins du Monde (MDM) | Medical Environment Development with Air Assistance (MEDAIR) | Medecins Sans Frontières -Belgique (MSF-BEL) | Médecins Sans Frontières - Suisse (MSF-CH) | Médecins Sans Frontières - Hollande (MSF-OCA) | Marie Stopes International (MSI) | Norwegian Refugee Council (NRC) | Bureau de Coordination des Affaires Humanitaires des Nations Unies (OCHA) | Organisation internationale pour les migrations (OIM) | Organisation mondiale de la Santé (OMS) | Oxford Committee for Relief Famine (OXFAM) | Programme Alimentaire Mondial (PAM) | Programme d'Encadrement Pour le Développement Intégral (PEDI) | People In Need (PIN) | Programme De Développement Des Nations Unies (PNUD) | Première Urgence Internationale (PUI) | Save the Children International (SCI) | Fonds des Nations Unies pour la Population (UNFPA) | Haut-Commissariat pour les Réfugiés (UNHCR) | Fonds des Nations unies pour l'enfance (UNICEF) | United States Agency for International Development (USAID) | Village d'Espoir (VE) | Welthungerhilfe (WHH) | Word Vision (WVI).

REFUGEES RESPONSE



INDICATOR	TARGETED	REACHED	% PEOPLE REACHED	INDICATOR	TARGETED	REACHED	% PEOPLE REACHED
# of people benefiting from access to water and/or sanitation services	507k	-	-	# of individual consultations in supported health services	240k	-	-
# of children and young refugees benefiting from an educational program	134k	-	-	# of people benefiting from specialized GBV programs	108k	-	-
# of people benefiting from protection services	576k	-	-	# of people benefiting from livelihood and economic inclusion interventions	20k	-	-

MAIN ACHIEVEMENTS

- In the first quarter of 2025, UNHCR and its partners ensured access to water and sanitation services for more than 154,372 refugees residing in camps, significantly improving their living conditions. Additionally, more than 24,345 refugee children and youth accessed education opportunities, opening up more promising perspectives.
- In terms of protection, more than 383,000 people accessed essential services such as individual biometric registration, social assistance, support for people with specific needs, and housing. Additionally, health partners delivered 33,826 medical screenings to refugees.
- Sexual exploitation and abuse prevention mechanisms as well as complaint systems were reinforced. In this regard, 6,182 people were trained in the zero-tolerance approach. Finally, 3,200 people under UNHCR's mandate received information on durable solutions, allowing them to envision a safer and more stable future.

CONSTRAINTS AND OPERATIONAL CHALLENGES

- Partners involved in the multisectoral response to refugees experience a range of significant operational constraints and challenges. Firstly, budget cuts place considerable pressure on their response capacity. Limited financial resources is a major obstacle, particularly in supporting community protection structures. This lack of funding compromises the establishment and maintenance of essential protection programs, leaving refugees vulnerable to various dangers and threats.
- Security and logistical constraints add to the complexity of the operational context, preventing technical experts from effectively organizing data collection in the field and ensuring the presence of protection monitors. These obstacles hinder our ability to accurately assess the needs and risks the refugees face.

OPERATIONAL PARTNERS

-

- Données non disponibles



MULTI-PURPOSE CASH

PEOPLE TARGETED



PEOPLE REACHED



P. REACHED BY GENDER



P. REACHED BY AGE GROUP



PEOPLE REACHED PER MONTH



INDICATOR	TARGETED	REACHED	% PEOPLE REACHED
# of displaced, returned, and refugee populations (less than six months in camps/sites, host families, or collective centers) who received emergency assistance through multipurpose cash transfers.	2,1M	229k	10,7%
# of disaster-affected individuals who received multisectoral emergency assistance through multipurpose cash transfers.	15k	5,7k	38,1%

INDICATOR	TARGETED	REACHED	% PEOPLE REACHED
% of people who received cash transfers distributed through local community structures.	127k	0	0%
% of disaster-affected individuals who received six months of multisectoral assistance through multipurpose cash transfers.	254k	0	0%

MAIN ACHIEVEMENTS

- In March 2025, 12 humanitarian interventions using cash transfers were reported in the provinces of North Kivu, South Kivu, Ituri, Tanganyika, Kasai Central, North Ubangi, and South Ubangi to the Cash Working Group (CWG).
- The multipurpose cash transfer interventions primarily aim to strengthen emergency response for populations affected by conflicts in eastern DRC, particularly internally displaced persons. These interventions also supported the early recovery of some host communities and consolidated social protection mechanisms for the most vulnerable populations.
- A total of 591,433 individuals received assistance in cash transfer amounting to USD 12 million, of which USD 4.6 million was allocated for multipurpose cash (187,712 individuals) and USD 7.4 million for sectoral cash (403,721 individuals).
- The sectoral cash transfers reported to the Cash Working Group mainly targeted assistance with health, food security, and protection services.
- Cash interventions were primarily implemented via mobile money providers and direct cash distribution.

CONSTRAINTS AND OPERATIONAL CHALLENGES

- The current context in eastern DRC continues to hinder humanitarian operations. The banking system remains paralyzed, complicating effective humanitarian response, particularly cash transfers.
- Banks remain closed areas controlled by M23, leading unavailability of cash money, particularly in Goma and surroundings, as well as Bukavu and other territories of South Kivu. This is due to inability of some financial services providers to meet large-scale cash demands.
- The shortage of cash has also caused a rise of food prices and essential goods in the main markets of the east, to a surge in the prices of basic necessities, making access increasingly difficult for vulnerable households, even in case they access cash assistance.
- However, the market situation continues to stabilise gradually. Recent assessments in various return areas of North Kivu and South Kivu indicate that most markets have resumed their activities. However, ongoing rate fluctuations, the financial situation of clients, and persistent insecurity remain key factors hindering their operability. As a result, the risk of shortage persists for certain essential goods.

OPERATIONAL PARTNERS

In March 2025, 48 organizations have contributed to the humanitarian response reporting including 5 INGOs, 3 NGOs, 1 UN Agency and 1 organization from the government.

Liste des organisations :

AFY | BDC ANGLICAN | DRC, FSRDC | Give Directly | IRC | Mercy corps | NRC | UNICEF |