



DEMOCRATIC REPUBLIC OF THE CONGO COUNTRY REPORT

THE STATE OF THE HUMANITARIAN
SYSTEM 2026

ACRONYMS

AFC/ M23	Alliance Fleuve Congo/Mouvement du 23 mars (River Congo Alliance/Movement of 23 March)
COHP	Coordination Opérationnelle Humanitaire Provinciale (Provincial Humanitarian Operational Coordination)
DRC	Democratic Republic of the Congo
FARDC	Forces Armées de la République Démocratique du Congo (Armed Forces of the Democratic Republic of the Congo)
HCT	Humanitarian Country Team
HRP	Humanitarian Response Plan
IDP	internally displaced persons
INGO	international non-governmental organisation
NNGO	national non-governmental organisation
PSEA	prevention of sexual exploitation and abuse
SOHS	The State of the Humanitarian System
UN	United Nations
USAID	United States Agency for International Development

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Credit: DRC Observatoire Humanitaire

3. THE SIZE, SHAPE AND PERFORMANCE OF THE HUMANITARIAN SYSTEM

3.1 The architecture of the system

The humanitarian system in DRC comprises a range of stakeholders including communities affected by crisis, local and national organisations, UN agencies and international organisations, Congolese state service providers, faith-based organisations and the private sector. The combination of actors present, and the mechanisms through which they are governed, differs at the national, regional, provincial and local levels. Interaction among these actors remains complex and fragmented.

At the national level, the system includes a Humanitarian Country Team (HCT), led by the Humanitarian Coordinator who is appointed by the UN Secretary-General. The coordinator works with a management team composed of five members: one representative from UN agencies, one from INGOs, one from local NGOs, one from the International Committee of the Red Cross (ICRC) and the International Red Cross and Red Crescent Movement, and one from donors. The HCT office engages with the Emergency Relief Coordinator (ERC), the chief of the international humanitarian system and OCHA.

At the regional level, humanitarian action is carried out through eight clusters, coordinated by the HCT. The HCT collaborates with the government at the national level through the National Humanitarian Coordination Framework (CNCH), which aims to ensure synergy of efforts for the effective implementation of humanitarian action in DRC.

At the provincial level, there are Provincial Humanitarian Operational Coordination units (COHPs). Their members include all heads of UN agencies, five representatives of local NGOs, two donor representatives and occasionally other relevant NGOs invited for specific purposes. COHPs guide humanitarian operations coordinated by the UN in DRC. COHPs report directly to the HCT through the Support Hub (PDS), an intermediate structure between the national and provincial levels. Although there are cluster representations at the provincial level and some of their members participate in COHP meetings, COHPs report directly to the national clusters, which



then communicate information to the HCT. There is also a Provincial Humanitarian Coordination Framework (CPCH), which ensures cooperation between the government and other humanitarian actors at the provincial level. However, these frameworks are currently operational only in the provinces affected by conflict, notably South Kivu, North Kivu, Ituri, Tanganyika and Kasai.

At the local level, there are liaison offices (*bureaux relais*) responsible for coordinating humanitarian action on the ground. These offices collaborate with the government's humanitarian offices (*antenne*). As is the case at the provincial level, both the liaison offices and the government's humanitarian offices are operational only in territories and provinces affected by crisis. Provinces that are not considered affected do not have such offices or any contingency plans, such as around the capital city.

After the occupation of Goma and Bukavu by the M23, the government lost control over these structures, with M23 installing its own local administrators (RFI 2025). These mechanisms are now de facto overseen by M23 authorities, who grant humanitarian access, ensure security and authorise movement in the field (Ndomba 2025; Vogel 2025) with the recent resurgence of the March 23 Movement (M23). This situation creates tensions for humanitarian actors, who are required to maintain neutrality and independence while avoiding any perception of political recognition of the M23 – even as they continue life-saving operations and engage with the government in Kinshasa, the only authority empowered to grant organisations legal status (Kahasha 2026; United Nations 2025).



Humanitarian organisations thus find themselves dependent on two competing authorities that do not cooperate with one another, while also facing a dilemma between protecting their reputation and fulfilling their life-saving mandate.

Interviews with local aid providers revealed that some international actors have withdrawn from the area to territories under government control while continuing operations through local NGOs (see also MSF, 2026). Others continue to implement activities directly despite the challenging context. Engagement with local leaders also poses difficulties, as some have been replaced by rebel-appointed authorities (Amanya 2025). Humanitarian organisations thus find themselves dependent on two competing authorities that do not cooperate with one another, while also facing a dilemma between protecting their reputation and fulfilling their life-saving mandate.

These actors negotiate humanitarian access; they provide medical support, water, food and non-food items; and they contribute to ensuring education to communities affected by crisis (CICR 2019; James 2022). A wider range of local and informal actors also intervene directly or indirectly in the humanitarian arena. These include private-sector entities such as telecommunications service providers, traders, transportation companies and government security forces. While they are not represented in formal structures, they occupy a significant position in responding to

crises by supporting other humanitarian actors in the formal system. Telecommunications service providers facilitate communication and cash transfers, enabling organisations to transfer money to their clients and communities. They also shape the humanitarian ecosystem by disseminating information and ensuring security to humanitarian actors. Local churches and other community institutions host IDPs and some even assist them with food and non-food items.

Although people often perceive armed groups as sources of human rights violations, they sometimes play a role in humanitarian action. Most of these groups emerged from a desire to provide security for their ethnic groups (Peace Direct 2019). The presence of many unconventional or non-traditional humanitarian actors in DRC illustrates the dynamics of the humanitarian landscape in the country. It also complicates the implementation of humanitarian programmes due to poor coordination, which sometimes leads to duplication of effort in some regions and to inequitable resource allocation in others.

3.2 The humanitarian caseload

The scale of needs for people affected by crisis in eastern DRC is impacted both by geographical factors and differing needs between population groups. Firstly, geographic priority zones for humanitarian aid remain largely in eastern DRC, as described previously. In some areas, education and health are severely affected, while cash programming is non-existent (MSF 2025). In most provinces, aid remains insufficient in responding to people's needs.

Alongside crises produced by conflict, communities also bear the impact of floods caused by torrential rains, and epidemics such as COVID-19 and Monkey Pox (Mpox) (IFRC 2024; Kyamusugulwa et al. 2025). The humanitarian system has also still been working to alleviate two dominant crises that occurred in 2021: massive displacement because of the volcano eruption in Goma (Mount Nyiragongo, which erupted in May 2021) and the Burundian refugees' displacement in Fizi territory in South Kivu in the Lusenda camp, which began in 2015 and is ongoing (Al Jazeera, 2026).

People affected by crisis expressed and presented diverse types of needs ranging from household essential articles to health, education, security, relocation and house reconstruction, and water, sanitation and hygiene (WASH) needs.

'There is a need of humanitarian intervention due to massive displacements of populations who got away from their land, lose their cattle and household goods. In addition, the overall education system is also affected; people are torn apart. There is no instructor to teach as people flee away from schools and other educational facilities.'

Private sector provider, Goma

International organisations and UN agencies have mobilised significant efforts over

the past two years to deliver aid in both North Kivu and South Kivu. However, two external factors have slowed or even halted aid distribution in several highneed areas: the ongoing conflict and the reduction in USAID funding in early 2025. As a result, the most isolated areas and zones experiencing intense hostilities have been disproportionately affected and remain severely underserved.



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Under these conditions, the first group of aid providers that people reported that they turned to were mainly informal or communitybased safety nets, including churches and host families. After these actors, communities typically relied on larger structures such as NNGOs supported by international organisations, including UN agencies, and, to some extent, the government and churchfunded institutions. However, despite their widespread presence, the assistance provided by these local and informal actors has remained largely insufficient compared with the scale of needs and the resources mobilised by major international agencies (UNOCHA 2026). Because of

the huge cuts in humanitarian funding caused by the collapse of USAID, a government official interviewed in Bukavu said that several local and private organisations in eastern DRC operate in consortia with other sources of funding, including from European countries. The disappearance of USAID has caused serious shortfalls in humanitarian programming:

'Without USAID or Oxfam interventions, local private associations try to help – but they have limited means ... Nevertheless, some organisations are making efforts to gather food and non-food items from generous individuals (such as soap, clothing, basins, or shoes).'

CSO representative, Bukavu

Although national actors funded by UN agencies and international organisations play an important role in delivering aid, their limited resources hinder them from fully meeting the needs of people affected by crisis. In this context of insufficient assistance and weak monitoring of recipient lists across different camps, many IDPs move from one camp to another around Goma in North Kivu in search of support for their multiple unmet needs. Aid provided by humanitarian organisations includes food assistance and also nonfood items such as tarpaulins, kitchen utensils and clothing, as well as support for education through teacher training and the construction or rehabilitation of schools in targeted areas of eastern DRC. These interventions help address the diverse needs of the population.

The sudden funding gap early in 2025 severely undermined the financial stability of the humanitarian response in the DRC. As alternative funding proved largely insufficient, humanitarian actors were forced to prioritise narrowly,



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limiting aid delivery and abandoning broader needs to focus scarce resources solely on the most critical vulnerabilities, such as sexual and reproductive health and nutrition among returning populations, and support for people living with disabilities (KII with government official in Bukavu, 26 November 2025; see also MSF, 2026).

'Some organisations were prioritising the key challenges affecting people, for instance in health, education, WASH, and so on, so that they could access the funding. Sometimes they tend to ignore other sectors, which appear to be less significant.'

Representative of youth-focused organisation, Goma

Reduced funding has also compelled some humanitarian organisations to prioritise operational efficiency, with the 2026 HRP for DRC being only 53% funded (OCHA FTS, 2026). KIIs with CSO, NGO and government representatives revealed that some of these decisions have been based on accessibility and donor preferences. As one participant from a CSO in Goma said: 'those organisations are allocated to the most accessible areas with limited financial resources. The budget cuts have also resulted in the withdrawal of some aid organisations and significant negative socioeconomic impacts, evidenced by increased unemployment and financial crises in households dependent on the aid economy (KII with Prevention of Sexual Exploitation and Abuse (PSEA) Coordination staff in Goma, 26 November 2025).

3.3 Humanitarian performance

The humanitarian system has demonstrated progress in several areas, though there is high regional variation, with areas that are most accessible having seen comparatively better humanitarian performance. In many accessible locations, humanitarian actors have distributed assistance using targeting criteria developed by UN agencies and international organisations (FGD, Mugunga, Goma; KII, women's representative, Bukavu; FGD, Don Bosco, Goma; FGD, Kavumu, Bukavu). In these areas, including IDP camps around Goma and zones accessible from Bukavu, some organisations have delivered aid in a relatively effective and efficient manner. For instance, they combined cash and food assistance, enabling more tailored responses to the specific needs of households.

'Another thing that made our aid efficient and effective is that, in addition to the food assistance, our recipients also received some money, which helped them respond to other needs that could otherwise have led them to sell the food we provided.'

NNGO representative, Goma

In response to emerging crises such as the Mpox epidemic, the UN Children's Fund (UNICEF) and the World Health Organization (WHO) adapted operational plans. These plans included vaccination campaigns and the construction of temporary clinics, thereby addressing the evolving health needs of populations affected by crisis (UNHCR 2026).

In the context of USAID funding cuts, UN agencies and international organisations such as the United Kingdom's Foreign, Commonwealth and Development Office (FCDO), Swiss Development Cooperation (SDC) and Expertise France attempted to fill the gap through joint humanitarian action plans. However, despite their contributions, overall funding remains far below what is required, especially for sectors such as the Mpox response (OCHA FTS, 2026).

'The one still operating are those which are not funded by USAID. For example, the German government funds some NGOs [in the Goma area].'

Private sector actor, Goma

'As the Provincial Health Division, we cannot combat this epidemic on our own. We require resources to operate these pillars, and we obtain these resources from various partners. We received support from UNICEF, which finances 10 health zones through funding from FCDO ... whilst another 10 health zones were supported thanks to funding from Swiss Cooperation.'

Representative of Congolese Government Ministry of Health focal point, Bukavu

Despite these improvements, however, the humanitarian system still faces several challenges in critical areas:



1. **Operational delays and access constraints:** Due to insecurity and geographical isolation, humanitarian actors have frequently been unable to deliver assistance on time. For example, international humanitarian organisations were unable to utilise air links in North and South Kivu (Staff 2026), with local organisations also unable to access some road shipments (WHO 2025). These delays have directly undermined the effectiveness of aid, especially in volatile zones where needs are most acute.

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'When a case is detected in a health area, we immediately inform the Chief Medical Officer of the health zone. This can happen within a single day, or at most within 48 hours. What may take time is the delivery of interventions, which can be delayed due to the current security context.'

Participant, Bukavu

2. **Weak local coordination:** Several FGD participants in Goma and Bukavu highlighted that coordination relying primarily on local chiefs or camp leaders has created significant barriers to equitable aid delivery. When actors rely on these gatekeepers without adequate verification, issues such as exclusion errors, favouritism and corruption become widespread. They also highlighted that many people living in IDP camps did not appear on recipient lists, despite living in the camp for several months.
3. **Risks of corruption:** FGD participants and previous research by Lusambya (2024) reported camp leaders demanding sexual favours or bribes in exchange for being added to recipient lists in some areas, which is an outcome of insufficient

oversight and accountability mechanisms. FGD participants and a local leader also believed that the narrow selection of representatives and exclusion of wider community stakeholders (eg, civil society, security actors) reinforces local power hierarchies and increases the risks of manipulation.

- 4. Inadequate needs assessments:** Insufficient or poorly executed needs assessments have resulted in mismatches between aid provided and the actual priorities of communities (Biferd, 2025).

'Some organisations provided aid without conducting proper needs assessments; other distributed food instead of cash, while others provided poor-quality beans that were time-consuming to cook and distributed them without any means for cooking. In some cases, seeds were given to people who had no land.'

Women's representative, Kavumu

FGD participants also mentioned that, in several areas, people resorted to exchanging the assistance they received for items that better met their needs. This revealed gaps in the relevance, quality and contextualisation of the assistance provided.

5. Rigid targeting criteria creating new vulnerabilities:

Some predefined targeting criteria, such as prioritising the elderly, persons living with disabilities or pregnant women, have inadvertently excluded other groups in urgent need, including youth and other vulnerable individuals (Hilhorst, 2022). A dedicated approach for highly vulnerable groups (such as elderly persons, albino communities and Pygmy populations) remains necessary but should not come at the expense of broader inclusion.



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'Humanitarian actors use criteria to better target those most in need. However, in some contexts, such categorisation can be somewhat discriminatory and create inequalities. At the same time, attention should still be given to the most vulnerable.'

FGD participant, Mugunga

