



David, 14, a UNICEF-supported child reporter, raises awareness about children's rights with his schoolmate Précieuse, 14, at his new school in Goma, North Kivu, in May 2025.

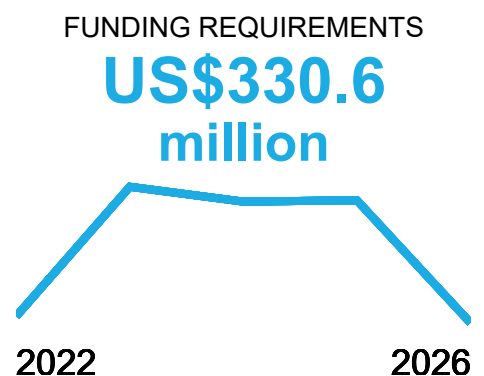
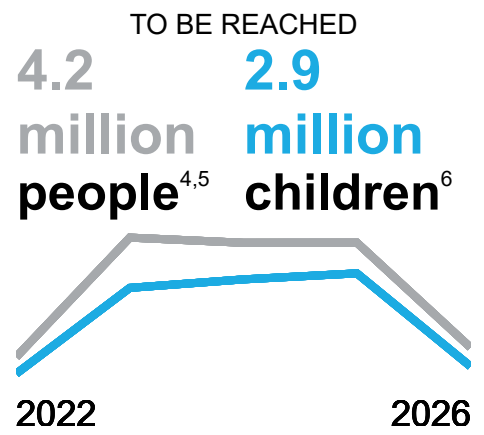
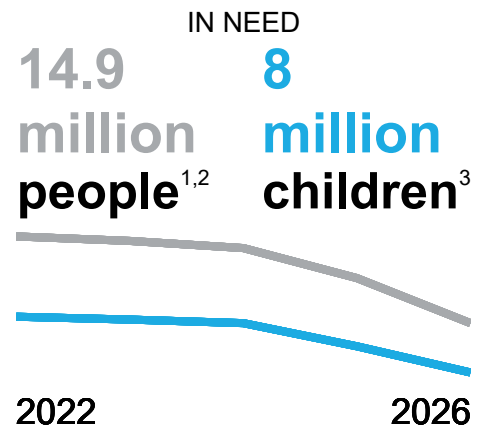
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Humanitarian Action for Children

Democratic Republic of the Congo

HIGHLIGHTS

- The Democratic Republic of the Congo is facing a deepening humanitarian crisis, with 14.9 million people, including 8 million children, expected to need assistance in 2026. Escalating armed violence in the east in 2025 displaced millions of people and worsened living conditions. There is an urgent need for child protection; for prevention and response to sexual violence and other abuses; for access to health care and nutrition; and for safe water, sanitation and hygiene. Without sustained support and better humanitarian access, the most vulnerable people, especially women and children in Ituri, North Kivu and South Kivu provinces, will remain at extreme risk of malnutrition, disease, violence and death.
- UNICEF will continue delivering integrated, life-saving assistance while strengthening community resilience and social cohesion to lay the foundation for longer-term interventions. It will also support the national Government in responding to major public health emergencies and disease outbreaks, including cholera, mpox, Ebola virus disease, measles and others.
- In 2026, UNICEF requires \$330.6 million to reach 4.2 million people, including 2.9 million children. UNICEF will sustain and scale up life-saving services for children affected by conflict, disease outbreaks and climate-related shocks. Without timely and adequate funding to alleviate children's suffering, their situation will continue to worsen.



KEY PLANNED TARGETS



300,000

children vaccinated against measles



397,275

children with severe wasting admitted for treatment



524,395

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



1.2 million

people accessing a sufficient quantity and quality of water

Needs figures are aligned with the 2026 Humanitarian Needs and Response Plan as endorsed by the Humanitarian Country Team, published in January 2026.

HUMANITARIAN SITUATION AND NEEDS

The Democratic Republic of the Congo faces a deepening humanitarian crisis, with an estimated 14.9 million people expected to require humanitarian assistance in 2026.⁷ More than 5.3 million⁸ people are internally displaced, including about 4 million children. Between January and September 2025, 2.7 million people were newly displaced, mainly due to escalating conflict in the eastern provinces.⁹

The crisis falls most heavily on children. Children are exposed to three overlapping protection risks: recruitment and use by armed actors, sexual violence and family separation. Grave violations against children are fueled by the ongoing armed conflict. Cases of killing and maiming are projected to double in 2025 compared with 2024, while child abductions have sharply increased since January 2025.¹⁰

According to the Education Cluster, 3.9 million people require humanitarian support for education, especially in North Kivu, South Kivu and Ituri provinces. As of 31 August 2025, direct threats and attacks by armed actors had forced the closure of more than 5,200 schools, depriving nearly 1.9 million children, almost half of them girls, of access to learning.¹¹

Disease outbreaks continue to strain the country's fragile health system and other essential systems, putting children and families at further risk. Between January and October 2025, more than 60,000 suspected cholera cases and more than 1,700 cholera deaths were reported, the highest incidence in 25 years. In October 2025, an outbreak of Ebola virus disease with a 70 per cent case fatality rate¹² in Kasai Province further intensified pressures on health services. Measles outbreaks have resulted in more than 67,000 suspected cases and 1,012 deaths across 22 of the country's 26 provinces;¹³ and there is an ongoing serious, countrywide outbreak of mpox, with 22,289 cases and 51 deaths reported in 2025 (as of 7 December).¹⁴

In 2026, an estimated 5.2 million children under age 5 are expected to suffer from wasting nationwide. The number of children under age 5 experiencing severe wasting is projected to increase by 13 per cent, from 1.5 million in 2025 to 1.7 million in 2026¹⁵ – a reflection of the overall deterioration in the nutritional status of children under age 5.

In 2026, 5.3 million people will require emergency water and sanitation. Internally displaced women and children remain at heightened risk of faecal contamination and waterborne diseases. In several priority territories¹⁶ particularly in the eastern part of the country, less than 30 per cent of the population has access to safe water. Most schools and health facilities also lack functional water points, handwashing facilities and adequate biomedical waste management, exacerbating public health risks.

SECTOR NEEDS



1.7 million children affected by severe wasting¹⁷



4 million children in need of protection services¹⁸



3.9 million children in need of education support¹⁹



5.3 million people in need of WASH assistance²⁰



2.7 million IDPs in need of assistance since January 2025²¹

STORY FROM THE FIELD



Huguette sleeps peacefully in her mother Clarice's arms after receiving care at a UNICEF-supported health centre in North Kivu Province in February 2025.

Huguette sleeps peacefully in her mother's arms. The calm of this moment at the health centre in Shasha, in the heart of Masisi territory in North Kivu Province, contrasts sharply with the reality of thousands of families since the latest escalation of violence in the eastern provinces of the Democratic Republic of the Congo.

Shasha was cut off for a long time because of fighting. In early 2024, violence escalated, forcing thousands to flee the area. Clarice, Huguette's mother, was among the displaced people who sought refuge in Goma. And in February 2025, the Goma sites for internally displaced persons were dismantled, causing people there to either find host families or return to their home villages.

Closed for a year, the Shasha health centre reopened in February 2025 with support from UNICEF's Rapid Response programme (UniRR). Working with local health authorities, UNICEF delivered medical supplies and equipment, supported completion of basic repairs and mobilized medical staff to reinforce overstretched teams. Nearly 6,000 people received primary healthcare at the centre between February and mid-May of 2025,* including about 2,000 children, and more than 100 women gave birth safely.

*The story was published 13 May 2025.

[Read more about this story here](#)

HUMANITARIAN STRATEGY

In 2026, UNICEF's humanitarian strategy is grounded in risk-informed, child-centred and gender-responsive programming that combines anticipatory action, life-saving rapid response and long-term systems strengthening. In line with the humanitarian reset and the UNICEF Strategic Plan, 2026–2029,²² the approach prioritizes people's immediate access to essential services while building resilient and inclusive community and government systems so that children can survive and learn and be protected during crises. Localization and accountability to affected populations are central. This includes direct support to local, women-led and youth-led organizations, as well as strengthening local and national systems.

During crises, UNICEF will activate a rapid response mechanism to address urgent multisectoral needs in health, nutrition and WASH, including provision of non-food items. Assistance will be delivered either through in-kind support or humanitarian cash transfers, with cash provided via mobile money using phones and SIM cards distributed by UNICEF. This will be complemented by anticipatory actions guided by predefined sector indicators, supported by pre-positioned supplies and flexible emergency financing to reduce the impact of shocks before they escalate. In affected and at-risk areas, epidemic preparedness and response will extend beyond cholera to include such targeted interventions as rapid WASH measures, rapid risk assessments and community engagement, as well as strengthened integrated disease surveillance and case management in coordination with government authorities.

UNICEF's humanitarian response in the Democratic Republic of the Congo will focus on the seven priority provinces where UNICEF has field offices.²³ It will contribute to three of the five impact results²⁴ of the UNICEF Strategic Plan, 2026–2029: saving children's lives, strengthening children's learning capacities and protecting children from all forms of violence. These are in line with government priorities in the country.

UNICEF will systematically integrate gender equality across its response, including survivor-centred gender-based violence responses, harm-reduction approaches and a zero-tolerance policy on sexual exploitation and abuse.

UNICEF will continue to lead the WASH, nutrition, and education clusters and coordinate child protection matters within the Protection Cluster, while supporting government leadership across all pillars of epidemic response. Funding priorities include flexible resources; emergency response mechanisms; and blended, integrated financing to strengthen resilient services and social protection systems, including cash transfers. UNICEF will monitor results through a risk-analysis framework aligned with national plans and the 2026 Humanitarian Needs and Response Plan, using real-time monitoring, community feedback and indicators disaggregated by sex, age, location and disability to ensure equitable impact.

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

2026 PROGRAMME TARGETS



Health (including public health emergencies)

- 300,000 children vaccinated against measles, supplemental dose
- 150,000 children and women accessing primary healthcare in UNICEF-supported facilities
- 7,000 individuals receiving treatment for cholera/acute watery diarrhea in UNICEF-supported facilities



Nutrition

- 2,100,086 children 0-59 months screened for wasting²⁵
- 397,275 children 6-59 months with severe wasting admitted for treatment²⁶
- 599,950 primary caregivers of children 0-23 months receiving infant and young child feeding counselling²⁷
- 166,184 children 6-59 months receiving micronutrient powder



Child protection and GBViE

- 524,395 children, adolescents and caregivers accessing community-based mental health and psychosocial support²⁸
- 467,076 women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions²⁹
- 10,511 children who have exited armed forces and groups provided with protection or reintegration support
- 35,115 children who have received individual case management³⁰



Education

- 352,877 children accessing formal or non-formal education, including early learning³¹
- 216,315 children receiving individual learning materials³²
- 7,648 teachers and facilitators trained in basic pedagogy and/or mental health and psychosocial support³³
- 1,069 schools implementing safe school protocols (infection prevention and control)³⁴



Water, sanitation and hygiene

- 1,200,000 people accessing a sufficient quantity and quality of water for drinking and domestic needs³⁵
- 120,000 people accessing appropriate sanitation services³⁶
- 96,000 people reached with critical WASH supplies³⁷



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

- 43,500 households reached with UNICEF-funded humanitarian cash transfers (including for social protection and other sectors)³⁸
- 5,674,891 people reached with timely and life-saving information on how and where to access available services³⁹
- 110,307 people engaged in reflective dialogue through community platforms
- 351,344 people sharing their concerns and asking questions through established feedback mechanisms
- 625,338 people with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations⁴⁰



Rapid Response Mechanism

- 840,000 people whose life-saving non-food items, emergency shelter and wash needs were met through supplies within 7 days after a rapid needs assessment⁴¹
- 1,360,800 people around suspected cholera cases received an appropriate and complete response within 48 hours of case notification through a response epidemiological surveillance system.⁴²

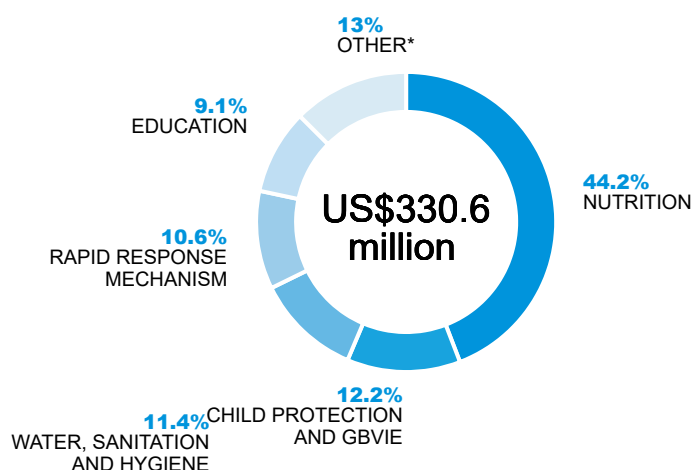
FUNDING REQUIREMENTS IN 2026

UNICEF requests \$330.6 million in 2026 to sustain and scale up life-saving services for children affected by conflict, disease outbreaks and climate-related shocks in the Democratic Republic of the Congo.

Multiple, overlapping crises require integrated and mobile service delivery, stronger subnational pre-positioning and expanded cash assistance for displaced families. Rising transport, fuel and supply chain costs combined with increased reliance on air and riverine logistics, along with higher transfer values aligned with the Minimum Expenditure Basket, mean that additional resources are essential even where programme targets remain stable. Strategic investments in prevention and anticipatory action (including cholera and measles control and flood readiness) will help avert far more costly emergency responses.

UNICEF has reduced its humanitarian funding requirements in the Democratic Republic of the Congo by approximately 60 per cent, from \$809.6 million in 2025 to \$330.6 million in 2026. Three interlinked factors drive this: (1) persistent underfunding of previous appeals; (2) the humanitarian reset and a deliberate refocusing on high-impact, field-anchored interventions; and (3) alignment with the 2026 Humanitarian Needs and Response Plan, which itself reflects a smaller, more targeted response. The significant reduction in UNICEF requirements in 2026 is not a withdrawal from responding to the crisis in the country, but a deliberate move towards a more realistic, prioritized and field-anchored response that reflects the above realities. UNICEF aims to protect quality, timeliness and accountability in the seven provinces where the organization can demonstrably deliver at scale.

The 2026 appeal therefore represents the minimum requirement to sustain a focused, life-saving response in the seven priority provinces. UNICEF has removed non-essential and lower-priority activities from the appeal. As a result, any shortfalls against the 2026 requirements would primarily affect: (1) the speed and coverage of life-saving interventions; and (2) UNICEF's ability to uphold minimum quality and accountability standards, including field monitoring and community engagement.



*This includes costs from other sectors/interventions: Health (including public health emergencies) (6.9%), Cross-sectoral (HCT, SBC, RCCE and AAP) (4.9%), PSEA (<1%).

Sector	2026 requirements (US\$)
Health (including public health emergencies)	22,906,800
Nutrition	145,976,183 ⁴³
Child protection and GBVIE	40,442,295 ⁴⁴
Education	30,203,810 ⁴⁵
Water, sanitation and hygiene	37,558,182 ⁴⁶
Cross-sectoral (HCT, SBC, RCCE and AAP)	16,314,612 ⁴⁷
PSEA	2,188,682 ⁴⁸
Rapid Response Mechanism	35,022,088 ⁴⁹
Total	330,612,652

The budget was calculated on the basis of targets that are aligned with the 2026 inter-agency planning document (the 2026 Humanitarian Needs and Response Plan).

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ENDNOTES

1. Figures are aligned with 2026 inter-agency planning document (Humanitarian Needs and Response Plan) as endorsed by the Humanitarian Country Team, <https://reliefweb.int/report/democratic-republic-congo/republique-democratique-du-congo-besoins-humanitaire-et-plan-de-reponse-2026-janvier-2026>.
2. The reduction in the numbers of people in need and those targeted in the 2026 Humanitarian Needs and Response Plan is linked to two main factors. First, applying the JIAF 2.0 methodology reduced the number of targeted health zones from 333 in 2025 to 228 in 2026. Second, the decline in numbers reflects the ongoing humanitarian reset.
3. Children make up 54.3 per cent of the country's population, per the Democratic Republic of the Congo Humanitarian Needs and Response Plan 2026.
4. The figures for people and children to be reached are aligned with the 2026 Humanitarian Needs and Response Plan and the reprioritized 2025 Humanitarian Action for Children appeal.
5. The people to be reached figure includes 599,950 primary caregivers of children aged 0–23 months receiving infant and young child feeding counselling; 2,100,086 children aged 6–59 months screened for wasting; 1,200,000 people reached with safe water for drinking, cooking and personal hygiene in cholera-prone zones and in other epidemic-affected zones; 35,115 children receiving individual case management; 16,267 survivors of gender-based violence provided with medical, psychosocial or legal care and socioeconomic and/or educational reintegration of survivors of gender-based violence in emergency situations; 217,500 people reached with UNICEF-funded humanitarian cash transfers across sectors. The total number of people to be reached includes 2,051,107 men/boys and 2,117,810 women/girls; 15 per cent are people with disabilities. 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.
6. Includes 2,100,086 children aged 6–59 months screened for wasting; 651,600 children reached with safe water for drinking, cooking and personal hygiene in cholera-prone zones and in other epidemic-affected zones; 35,115 children receiving individual case management; 8,833 child survivors of gender-based violence provided with medical, psychosocial or legal care and socioeconomic and/or educational reintegration of survivors of gender-based violence in emergency situations; 118,103 children reached with UNICEF-funded humanitarian cash transfers across sectors. 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.
7. Figures are provisional and subject to change upon finalization of the inter-agency planning documents.
8. United Nations Office for the Coordination of Humanitarian Affairs (OCHA), République Démocratique du Congo: Personnes déplacées internes et retournées, September 2025, available at <[https://worldhealthorg.shinyapps.io/mpx_global/](https://app.powerbi.com/view?r=eyJrJoiYTYlInzQ0YzctOTBIYS00NmJMLTg4N2QlMDkyNjk2NGNkZjRhIiwidCI6IjBmOWUzNWwRiLU0NGYtNGY2MC1iZGNjLTViYTQxNmU2ZGM3MCIsImMiOiJh9>>.9. Ituri, Maniema, North Kivu, South Kivu and Tanganyika.10. Democratic Republic of the Congo Country Taskforce on Monitoring and Reporting Mechanism, 2025.11. République démocratique du Congo Cluster Éducation: Situation des incidents contre l'éducation (au 31 août 2025), 30 September 2025.12. Democratic Republic of Congo, Ministry of Public Health, Hygiene and Social Welfare, Ebola virus disease sitrep S44.13. Sitreps of the Public Health Emergency Operations Centre/Ministry of Public Health, Hygiene and Social Welfare, November 2025.14. World Health Organization (WHO), Global mpox trends, 16 January 2026, available at <.
15. Democratic Republic of the Congo Humanitarian Needs and Response Plan 2026.
16. Territories with Humanitarian Needs and Response Plan severity index 3 and 4 in the following provinces: Ituri, North Kivu, South Kivu and Tanganyika.
17. The number of people in need of nutrition support is based on the cluster's 2026 calculation, which takes into account 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 2025). An estimated 1.7 million children under age 5 will suffer from wasting, of whom 542,436 will need treatment for severe wasting (2026 Humanitarian Needs and Response Plan) in prioritized health zones.
18. Democratic Republic of the Congo, Child Protection Area of Responsibility, provisional figures, November 2025.
19. Democratic Republic of the Congo, Education Cluster, provisional figures, November 2025.
20. Democratic Republic of the Congo, WASH Cluster, provisional figures, November 2025.
21. OCHA, République Démocratique du Congo: Personnes déplacées internes et retournées, September 2025.
22. UNICEF, UNICEF Strategic Plan, 2026-2029, 3 July 2025, available at <www.unicef.org/executiveboard/documents/unicef-strategic-plan-2026-2029-srs-2025>.
23. Haut-Katanga, Ituri, Kasai-Central, Kinshasa, North Kivu, South Kivu and Tanganyika. All these provinces are within the geographic focus of the 2026 Humanitarian Needs and Response Plan.
24. Impact Result 1: 10 million child lives saved and at least 500 million children healthy, well-nourished and developmentally on-track. Impact Result 2: 350 million more children and young people learning and skilled. Impact Result 3: 300 million fewer children in multidimensional poverty. Impact Result 4: 350 million children protected from violence. Impact Result 5: 500 million children better protected from disasters and climate and environmental risks.
25. UNICEF will target 30 per cent of the children under age 5 in high-priority health zones.
26. UNICEF will target 90 per cent of the Nutrition Cluster caseload for severe wasting in high-priority health zones.
27. UNICEF will target 90 per cent of the Nutrition Cluster target.
28. UNICEF supports 70 per cent of the child protection target within the Protection Cluster.
29. Gender-based violence risk mitigation measures will be implemented across all sectors. The target includes beneficiaries of child protection sector programmes and 100,000 beneficiaries in other sectors (WASH, education, health, nutrition and emergency). The risk mitigation target is comprised of 85 per cent women and girls, 15 per cent boys. For prevention, the target includes 60 per cent women and girls, 40 per cent men and boys.
30. This target includes 100 per cent of the unaccompanied and separated children and the children associated with armed groups and armed forces; and 100 per cent of child survivors of violence affected by conflict and displacement supported with socioeconomic reintegration.
31. UNICEF will target 75 per cent of the Education Cluster target. This includes 352,877 children, along with 7,648 teachers and school principals.
32. UNICEF's target for distribution of learning materials is 60 per cent of the target of the first (access) indicator for education.
33. UNICEF has applied the pupil-teacher ratio formula, which uses the average number of pupils (students) per teacher of the first (access) indicator for education.
34. UNICEF estimate for the number of schools. We divided the number of students targeted in our Humanitarian Access for Children appeal by 330, which represents the average number of children per school with six classrooms. This ratio is based on the national standard of 55 students per classroom.
35. UNICEF will target 20 per cent of the WASH Cluster target and has added 630,000 beneficiaries who will be covered by a project with secured funding that will be implemented.

36. UNICEF will target 10 per cent of the first indicator (access to water).
37. UNICEF will target 8 per cent of the first indicator (access to water).
38. UNICEF aims to reach 31,500 households with humanitarian cash transfers and 12,000 households as part of nutrition (7,800 households) and protection (4,200 households) 'cash plus' programmes.
39. This target includes 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 and communication through SMS, digital and traditional media.
40. This is 15 per cent of all people to be reached by UNICEF.
41. This target is estimated based on a context analysis of each of the 4 provinces; similar trends in displacements and returns (but with a possible gain of territory by M23 in South Kivu having an impact in Tanganyika); 2025 results for UniRR in each province; presence of other rapid response mechanism actors in each province; prioritization of zones (hard-to-reach areas); and UniRR results in 2025, which represent 84.3 per cent of the non-food item (not including voucher) working groups response in the country.
42. The target is based on a projection of 14,000 suspected cases for 2026. Out of them, a minimum of 90 per cent (12,600 suspected cases) would be covered within 48 hours through sanitary cordons of an average of 15–18 households. In conclusion, the case area targeted interventions are expected to cover approximately 1,360,800 people (6 persons per household x 18 households x the expected number of cholera cases reached within 48 hours) at risk of direct transmission during the year 2026, and who will be assisted through distributions of cholera kits, disinfection and awareness raising, among other activities.
43. Nutrition is the largest component of UNICEF's funding requirement for the country. Severe wasting treatment is the greatest component of the nutrition funding requirement. The cost of treatment for severe wasting is aligned within the Nutrition Cluster. This line item also includes Nutrition Cluster coordination, estimated at \$730,537.
44. This line item includes \$30,596,008 for child protection interventions; \$9,347,000 for gender-based violence in emergencies interventions; and \$499,287 for coordination of child protection within the structure of the Protection Cluster.
45. The average unit cost for the Education Cluster response is \$70. The package includes the establishment of temporary learning spaces; implementation of the 'teaching at the right level' approach in emergency-affected contexts; provision of teaching and learning materials for teachers and students; menstrual hygiene kits for adolescent girls; teacher training; recreational kits; hygiene kits; and training for teachers in psychosocial support and in child-centred methodologies, among other components. This line item includes Education Cluster coordination, estimated at \$562,142.
46. Unit costs are as follows: distribution of WASH kits at \$7/person; and access to safe water at \$25/person for distribution of water via water trucking, \$5/person for water point chloration and \$20/person for extension of the pumping system. This line item includes WASH Cluster coordination, estimated at \$633,062.
47. Includes \$11,275,200 for humanitarian cash transfers; and \$5,039,412, for social and behaviour change activities and risk communication and community engagement.
48. The unit cost of \$3.5 per person reached is aligned to the cost defined by the PSEA network in the country.
49. Includes \$29,429,200 for the UNICEF rapid response mechanism (UniRR) and \$5,592,888 for cholera rapid response using the case area targeted intervention approach.