Humanitarian Crisis Analysis 2025

Democratic Republic of the Congo

31 March 2025

1. Crisis overview[i]

4.5 / 5	21.2 million	11 million	$2.5 billion	8.3%
Inform severity index	People in need of humanitarian aid (HNO 2025)	People targeted in the response plan (HRP 2025)	Required to reach the target (HRP 2025)	Of the required funding secured (HRP 2025)

245 MSEK	20 MSEK	20.4 MSEK	285.4 MSEK
Initial allocation	Additional allocation	Flexible funding	Total Sida funding 2025

The Democratic Republic of the Congo (DRC) faces a complex and prolonged crisis defined by conflicts, displacement, food insecurity, and health emergencies leading to extreme vulnerability at an unprecedented scale. Armed conflicts, particularly in the eastern provinces, have exposed the population to major protection risks, with over 6.9 million internally displaced persons (IDPs), and around 5.4 million estimated returnees in 2024. The recent take-over of large parts of North and South Kivu by the M23 armed group further contributes to increased violence and has over one million people to flee, many of whom were already displaced. The conflict also drives socio-economic tensions and access and security issues, including violations of international humanitarian law such as attacks on civilians, humanitarian actors and forced closure of displacement sites. In the western part of the country, the inter-communal violence in the Grand Bandundu region (Maï Ndombe crisis) has displaced an estimated 500,000 people, while the ongoing upsurge in violence in Ituri is having devastating consequences for civilians.

Recurring climate-related disasters further exacerbate humanitarian needs, with over 1.1 million people affected by severe floodings from January to September 2024. Health crises , including cholera, measles and Mpox outbreaks, are also widespread, pressuring the already precarious health system and adding to the population's vulnerability. The DRC holds the grim global record for food insecurity, with 27,7 million facing crisis levels of acute food insecurity (IPC phase 3 or above) among which 3,9 million are classified as IPC 4. Over 73 per cent of the population live on less than $2.15 per day.

2. Humanitarian needs & affected population

The DRC crisis is a protection crisis, where girls, boys, women and men are exposed to risks such as gender-based violence (GBV), theft and extorsion, land eviction, attacks, recruitment of children into armed groups, kidnappings, and arbitrary detention. The Eastern regions suffer from extreme violence, with stakeholders regularly committing acts of GBV, arbitrary executions, and attacks on civilians. Displacement caused by ongoing violence exacerbates vulnerabilities, leaving around seven million people internally displaced. The provinces of Ituri, Nord-Kivu, and Sud-Kivu, are particularly affected, with most of overcrowded IDP camps around Goma being dismantled within a few days, forcing people to flee again, lacking security and essential services. However, the majority of displaced people are hosted in the community and have limited resources. Returnees, who are often forcibly returned to their area of origin, often find their communities devastated and livelihoods destroyed. Refugees, who are marginalised and face barriers to accessing services, are particularly vulnerable to violence and discrimination. In the provinces of North and South Kivu, an estimated 3.8 million people are displaced, many of them having gone through multiple displacements.

Insecurity has escalated to the point where humanitarian organisations and aid workers are targeted, making service delivery very dangerous. During fighting in Goma and Bukavu in early 2025 most organisations had to resort to full evacuations or skeleton teams, with very limited possibilities to move. Many saw their stocks and facilities looted. The widespread presence of weapons, unexploded ordnance, and landmines presents dangers. Civilians' homes, schools, and healthcare facilities are often destroyed, deepening the crisis. If conflicts persist, the volatile security landscape will likely lead to more displacement and escalating humanitarian needs.

The impact of these crises varies across population groups. Women and girls are especially vulnerable to GBV, with limited access to sexual and reproductive health and rights exacerbating their plight. Over two million people are in need of GBV protection in the three eastern provinces alone. Tens of thousands of SGBV cases are being reported, representing only a portion of all cases. Women and girls also face risks of child marriage and exploitation, such as survival sex. Men and boys, especially young males, are at risk of forced recruitment by armed groups, facing violence and, often, arbitrary arrest. Boys also experience disrupted education and exploitation, with adolescent boys specifically targeted for violence and forced labour. Children under five are the most affected by malnutrition, while both boys and girls are psychologically and physically endangered by the pervasive violence and instability. Nearly half of all children under five suffer from chronic malnutrition. Health needs are severe, driven by epidemics, climate change and poor infrastructure. The delivery of medical supplies to M23 controlled areas depends largely on humanitarian actors. Outbreaks of cholera (27,000 suspected cases), measles (87,000 cases), and Mpox (over 50,000 suspected cases in 2024) have overwhelmed the healthcare system, while recurring floods, have compromised access to clean water and proper sanitation. Severe food insecurity affects a quarter of the population and extends beyond the violence-affected areas of Eastern Congo, and adds extreme vulnerability to the above mentioned shocks.

3. The humanitarian response

Humanitarian efforts encounter numerous obstacles, including restricted access in conflict zones such as the Kivus and Ituri, where workers and facilities face targeted attacks. Logistical challenges, stemming from poor infrastructure, contested control and exacerbated by recurrent flooding, delay timely and at scale responses. The response faces challenges both with addressing the magnitude of needs, e.g. the ongoing upsurge of violence leading to massive forced displacements, and accessing crisis-affected communities in hard to reach areas, such as grand Nord Kivu, Mai Ndombe, Ituri).

There is chronic underfunding, despite prioritisation efforts. The HRP was funded at 52 per cent in 2024. The global freeze and scale-down of US humanitarian funding announced in January 2025 is having devastating consequences on aid operations, considering that US funding represented over 66 per cent of the HRP in 2024. The Humanitarian Country Team is adapting the response in the light of the new funding landscape.

The European Union, the United Kingdom, Germany, the Central Emergency Response Fund (CERF) and Sweden are among the largest humanitarian donors. together with the USA, they contributed to close to 90 per cent of the response in 2024. The Food Security sector absorbed over 45 per cent of the total HRP funding. The unit cost of the response reached $297 in 2024, representing a substantial increase. The Humanitarian Country Team (HCT) protection strategy is currently focusing on access to land, GBV, attacks on civilians and, distress caused by attacks and will be updated in 2025. A successful implementation of the strategy will require a concrete operationalisation plan, with clear accountabilities and regular monitoring.

A number of rapid response mechanisms coexist in Eastern DRC, with varying criteria, durations, and capacity to operate quickly. An RRM working group in Goma is tasked with bringing coherence to these mechanisms and explore efficiencies. The humanitarian response is very limited outside of eastern DRC. A continuum of services is lacking between rapid response, post-rapid response, and longer term interventions. The response would require a much stronger collaboration with development and peace organisations, to build resilience and support longer-term solutions.

In 2025, OCHA estimates that 21.2 million people will be in need of humanitarian assistance, setting a target of 11 million persons for the response (representing an increase from 2024) focusing in intersectoral severity of level 3 and above. The analysis focuses on health zones most impacted by conflict, natural disasters, or disease outbreaks, as the primary shocks defining the geographical scope of the humanitarian needs analysis. Only 64 per cent of the country's health zones were therefore considered in the analysis of the severity of needs, leading to a decreased PiN, from 25.4 million in 2024 (preliminary figures).

4. Sida's humanitarian allocation

Sweden is among the largest bilateral donors in the DRC, and plays an active role in coordination mechanisms to foster a coherent, accountable, agile, localised humanitarian response, where protection risk analysis is central to the identification of needs and the design of the response, while preventing further harm. To support this approach, Sida's flexible funding prioritises multisector, agile and integrated interventions, focusing on the most severe unmet needs. Organisations with a presence in hard-to-reach areas, and that promote locally-led community engagement will be prioritised, as well as organisations having a capacity to respond to newly emerged or less visible crises, such as the Mai Ndombe crisis. To tackle GBV, prevention and holistic response, services should be made available at the greatest possible extent through community-based interventions and case management. All partners should have strong prevention of sexual exploitation, abuse, and sexual harassment (PSEAH), through policies and structures.

INITIAL ALLOCATION (SEK)		
PARTNER	SECTOR	INITIAL ALLOCATION
AAH	Nutrition, Health, WASH, Protection, FSL	25,000,000[1]
CBPF	Multisector	40,000,000
ICRC	Protection, Health, WASH, Shelter, FSL	40,000,000
IRC	Protection, Health, Nutrition, WASH, Education	10,000,000
NRC	Protection (ICLA), FSL, Shelter, WASH, Education	35,000,000[2]
PUI	Protection, Health, Nutrition	15,000,000
UNHCR	Protection, shelter/NFI, camp management	20,000,000
UNICEF	Nutrition, Protection, Health, NFI, Education	40,000,000
WFP	FSL, nutrition, logistics	20,000,000
TOTAL		245,000,000

[1] Of which SEK 20 million already committed in 2024.
[2] Of which SEK 30 million already committed in 2024.

FLEXIBLE FUNDING & ADDITIONAL ALLOCATIONS		
PARTNER	FLEXIBLE FUNDING[3]	ADDITIONAL ALLOCATION
FAO	8,000,000	
ICRC		10,000,000
MSB	5,925,000	
NRC	4,000,000	
OXFAM	2,500,000	
UNICEF		10,000,000
TOTAL	17,905,000	20,000,000

[i] The 2025 initial allocation of humanitarian funding is based on Sida's humanitarian allocation analysis methodology. The analysis reflects the current humanitarian situation across crises and is being updated continuously with the latest available data. The information in the HCA is based on reports, data, and information from partner organisations and other entities, as well as observations from field visits and dialogue with partners.

[3] Flexible funding includes a mix of allocations such as Rapid Response Mechanism and other flexible funding mechanisms.