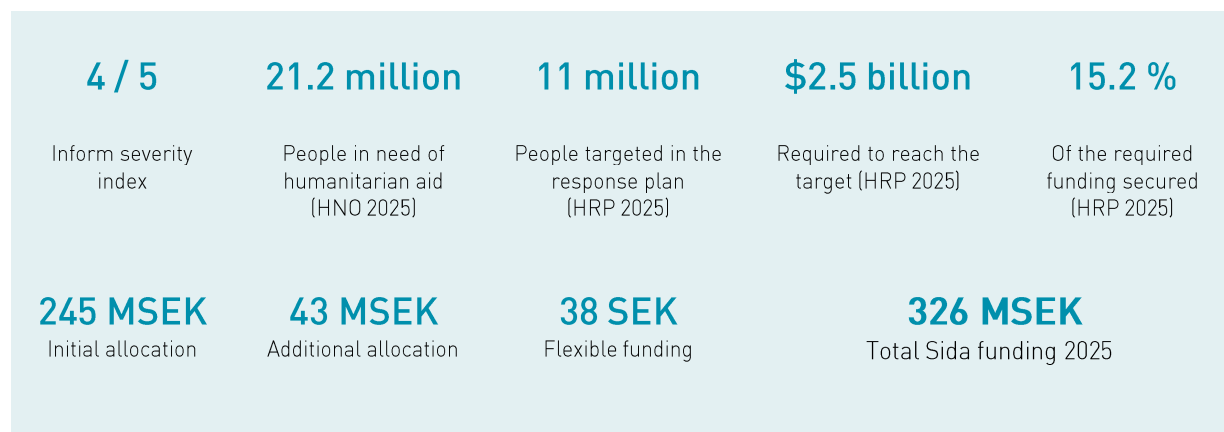


1. Crisis overviewⁱ



The Democratic Republic of the Congo (DRC) faces a complex and escalating crisis defined by conflicts, 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 nine million people on the move by the end of July 2025. The take-over of large parts of North and South Kivu by the M23-AFC movement constitutes a major shift in the dynamics of the conflict, whereby the de facto authorities are in the process of establishing an administration in occupied territories.

Ongoing conflicts across the country also drive socio-economic tensions and access and security issues, including widespread violations of international humanitarian law. In the western part of the country, inter-communal violence in the Grand Bandundu region (Maï Ndombe crisis) has displaced an estimated 500,000 people, while the ongoing violence in Ituri continues to have devastating consequences for civilians. 28 million people are facing crisis levels of acute food insecurity (IPC phase 3 or above), among which 3.9 million are classified as IPC 4 (emergency). Recurring climate-related disasters (floods) and health crises (cholera, Ebola, Mpox) further exacerbate humanitarian needs.

Overall, the DRC is experiencing one of the world's most severe and multifaceted humanitarian crises.

2. Humanitarian needs & affected population

The DRC crisis is fundamentally a protection crisis, where girls, boys, women and men are exposed to numerous and overlapping risks such as gender-based violence (GBV), theft and extortion, land eviction, attacks, recruitment of children into armed groups, kidnappings, and arbitrary detention.

Multiple violations of IHL, such as attacks on civilians and humanitarian actors or forced closure of displacement sites, are reported. According to a UN Human Rights Office report published in September, all parties to the conflict in the Congolese provinces of North and South Kivu have committed serious violations of international humanitarian law that may amount to war crimes and crimes against humanity.

Displacement caused by ongoing violence, including forced returns, continues to escalate humanitarian vulnerabilities, leaving around nine million people internally displaced by mid-2025 – the highest ever recorded in the DRC. The provinces of Ituri, Nord-Kivu, and Sud-Kivu remain the epicentres, with most of the overcrowded IDP camps around Goma dismantled within days in early 2025, forcing families to flee yet again without security or essential services. In the provinces of North and South Kivu respectively, an estimated 1.3 million and 1.6 million people are displaced as of July 2025, many of them having gone through multiple displacements, while 2.2 million and 660,000 are returnees. 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, with very limited basic services. Returnees are exposed to specific protection risks, among which the widespread presence of weapons, unexploded ordnance, and landmines, but also a risk of tension in the community due to land disputes.

The DRC hosts about half a million refugees, mostly hosted in the communities. Recent data from humanitarian organizations highlights a significant influx of refugees from South Sudan (estimated at over 33,000 since the beginning of 2025) into the DRC in 2025 due to escalating violence. Particularly vulnerable, they receive very little assistance.

The impact of the violence varies across population groups. Women and girls are especially vulnerable to GBV, with limited access to sexual and reproductive health and rights. 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 (nearly half of all children under five suffer from chronic malnutrition), while both boys and girls are psychologically and physically

endangered by the pervasive violence and instability. Health needs are severe, driven by epidemics, climate change and poor infrastructure. As of August 2025, outbreaks of cholera (48,300 confirmed cases), measles (1,900 confirmed cases), and Mpox (16,100 confirmed cases) have overwhelmed the healthcare system. An Ebola outbreak was declared in the Kasai province in early September 2025; by September 14th, 54 cases and 27 deaths had been confirmed.

Recurring floods compromise access to clean water and proper sanitation. 568,000 people were affected by severe floodings from January to July 2025. 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

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. 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. Humanitarian access is increasingly politicized and constrained, particularly in M23-AFC-controlled areas.

Logistical challenges, stemming from poor infrastructure, contested control and exacerbated by recurrent flooding, delay timely and at scale responses. It is estimated that logistical costs have increased by 500 per cent in 2025. The delivery of medical supplies to M23 controlled areas depends largely on humanitarian actors.

There is chronic underfunding, despite prioritisation efforts. The HRP was funded at 15 per cent by September 2025. 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 about 70 per cent of the HRP in 2024. The European Union, the United Kingdom, the USA, Germany, and Sweden are among the largest humanitarian donors. The Food Security sector absorbs over 15 per cent of the total HRP funding by September 2025 (45 per cent in 2024). The Humanitarian Country Team (HCT) is adapting the response in the light of the new funding landscape.

The HCT protection strategy is currently focusing on access to land, GBV, attacks on civilians and, distress caused by attacks and will be updated in the last quarter of 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. A continuum of services is lacking between rapid response, post-rapid response, and longer term interventions. The response, very limited outside of eastern DRC, 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 are 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. The hyper prioritised response is targeting 4.8 million people, with a budget from down to 967 MUSD from an initial 2.5 billion USD.

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, locally-embedded 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 interventions are prioritised, as well as organisations having a capacity to respond to newly emerged or less visible crises, such as the Mai Ndombe crisis. To foster GBV prevention and offer a 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.

In March 2025, Sida made an extra allocation of 20 MSEK to the DRC. This funding has been directed towards meeting newly emerging needs as a result of the control of parts of the Kivus by the AFC-M23 movement. In September, Sida made an end of year allocation focused specifically on crises with very acute needs and severe underfunding. In this allocation, an additional 23 MSEK was allocated to the DRC. This funding has been directed towards meeting acute needs and critical funding gaps in Eastern DRC.

INITIAL ALLOCATION (SEK)		
PARTNER	SECTOR	INITIAL ALLOCATION
AAH	Nutrition, Health, WASH, Protection, FSL	25,000,000 ¹
CBPF	Multisector	40,000,000

¹ Of which SEK 20 million already committed in 2024.

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

FLEXIBLE FUNDING & ADDITIONAL ALLOCATIONS 2025 (SEK)		
PARTNER	FLEXIBLE FUNDING ³	ADDITIONAL ALLOCATION
FAO	8,000,000	-
ICRC	-	10,000,000
MSB	13,148,000	-
NRC	4,000,000	-
Ocha field support	8,400,000	-
OXFAM	2,500,000	-
PUI	-	3,000,000
UNHCR	-	10,000,000
UNICEF	-	10,000,000
WFP	1,964,585 ⁴	10,000,000
TOTAL	38,012,585	43,000,000

¹ 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.

² Of which SEK 30 million already committed in 2024.

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

⁴ Allocated under financial year 2024.