

DRC HUMANITARIAN CRISIS ANALYSIS – 2020

Sida's Humanitarian Crises Analyses (HCA) are prepared for large ongoing humanitarian crises, both armed conflicts and natural disasters. The HCA aims at ensuring that Sida's humanitarian allocation adheres to the humanitarian principles of **humanity, neutrality, impartiality and independence** by ensuring that Sida's humanitarian assistance is based on needs alone and prioritizes the most severe humanitarian needs first.

The main objective of the HCA is to assess the humanitarian situation in the country or region, including *needs and vulnerabilities* of women and men, boys and girls, if possible based on disaggregated data. The HCA also looks at existing *response capacities and gaps* – of the humanitarian community and national actors. Finally, the HCA recommends programmatic *priorities and focus for Sida's humanitarian assistance* in 2020.

The HCA is based on Humanitarian Needs Overviews (HNOs), Humanitarian Response Plans (HRPs), ECHOs Humanitarian Implementation Plans (HIPs), and existing needs assessments from strategic partners as well as other relevant sources of information such as 4Ws (who does what, where and when) and security assessments. The HCA also incorporates input from embassies and main humanitarian donors (if such information is available), as well as ad hoc appeals that have been released throughout the year.

The Humanitarian Crisis Analysis consists of three main pillars:

1. **Crisis overview:** Type of crisis, humanitarian consequences, priority needs, population in need and the main risks faced.
2. **In country humanitarian capacities:** Key local, national and international actors and their capacity (including constraints) to address humanitarian needs. This section also looks at the programmatic collaboration between partners and the established coordination mechanism.
3. **Sida's humanitarian response plan:** Based on point 1 and 2 the HCA will recommend key priorities for Sida's humanitarian assistance in the given crisis.

The HCA should not exceed five pages (excluding this page). The HCA should focus on the most relevant parts to the specific crises and not equal space to all sections. In general, section 3 "Sida's humanitarian response plan" should be the focus of the analysis, with a clear explanation of why the respective organization is selected for the response.

Regional HCAs should be longer with 2 – 3 pages for the regional analysis and three pages per country. Regional HCAs are only written for crises that have regional Humanitarian Response Plans (exceptions can be discussed). Any additional maps or tables should be submitted as annexes.

Key infographics: A map is inserted on the cover page of the HCA, including three layers of infographics:

1. The humanitarian needs
2. Sida's humanitarian support (by partner when possible)
3. Sida's follow-up visits

The Democratic republic of the Congo (DRC) HUMANITARIAN CRISIS ANALYSIS 2020

Date of writing

Each year, Sida conducts a humanitarian allocation exercise in which a large part of its humanitarian budget is allocated to emergencies worldwide. The allocation and subsequent disbursement of funds takes place in the beginning of the year to ensure predictability for humanitarian organizations and to allow for best possible operational planning. In an effort to truly adhere to the humanitarian principles, Sida's humanitarian assistance is grounded in the four humanitarian principles, and in particular **impartiality**, with its compelling urge to ensure that humanitarian action is carried out based on "**needs alone**", giving priority to the "**most urgent cases of distress**". Therefore, Sida's allocation methodology is grounded in several objective indicators such as; the *scale* of humanitarian needs (number of people in need), the *severity* of humanitarian needs (including food insecurity/IPC levels), the number of people targeted for the humanitarian response, the *financial coverage* of the respective humanitarian appeal, *national capacities* to respond and underlying risks, as well as distinct indicators related to *forgotten crises*. Sida also strongly supports the humanitarian coordination structures. Besides this initial allocation, another part of the humanitarian budget is set aside as an emergency reserve for sudden onset emergencies and deteriorating humanitarian situations. This reserve allows Sida to quickly allocate funding to any humanitarian situation throughout the year, including additional funding to (*name of Country/Crisis*).

For 2020, the Democratic Republic of the Congo (DRC) is allocated an initial 220 MSEK. Close monitoring and analysis of the situation in DRC will continue throughout the year and will inform possible decisions on additional funding.

1. CRISIS OVERVIEW

1.1. Type of crisis

Conflict

Background and underlying cause:

The majority of the population in the Democratic Republic of Congo (DRC) live in chronic poverty riddled with insecurity situations, epidemics and severe food insecurity. The DRC has been unable to break out of cycles of violence since the end of colonial rule, creating a protracted protection crisis of unprecedented size.

While a certain optimism is felt around the creation and program of a new government during 2019, it is still too early to draw any conclusions regarding the capacity and willingness of the central government to secure its people and address basic social needs, weak public policy and governance issues.

The impact caused by multifaceted conflicts continues to be compounded by chronic underdevelopment and systemic weaknesses. Poor infrastructure, weak public policies and low levels of education deepen issues of food insecurity, malnutrition and epidemic outbreaks leading to increased mortality and disease morbidity. With just over 5 million internally displaced people, the DRC has the second largest displaced population in the world.¹ Almost 77% of the population is living below the international poverty line of \$1.90 a day (in terms of purchasing power parity) and 74% of the population lives in multidimensional poverty, making the DRC one of the poorest countries in the world.² The DRC ranks 176 out of 189 countries according to the Human Development Index and there has not been any rank improvement since 2016.

Chronic poverty and competition for mineral resources along with ethnic and land disputes further fuels the continuous armed conflicts and aggravates the impact of these conflicts. Massive and repeated human rights violations and waves of forced displacements lead to grave protection concerns such as detention, torture, eviction, forced recruitment and gender-based violence.

¹ <https://www.unhcr.org/5d08d7ee7.pdf>

² UNDP, Multidimensional Poverty Index, 2019

According to preliminary Humanitarian Needs Overview (HNO) figures, 15.9 million are estimated to be in need of humanitarian assistance in 2020, roughly corresponding to 23% of the country's total population, a significant increase compared to 2019. The percentage of the rural population in acute food insecurity increased from 23% in 2018 to 28% in 2019 with 15.6 million people in severe acute food insecurity (Integrated Phase Classification, IPC, phase 3 and 4).³ Malnutrition rates have remained alarming in recent years with approximately 4 million acutely malnourished children each year since 2016 and a prevalence that consistently exceeds the warning thresholds. Nearly 3.8 million children (18%) under 5 years of age were acutely malnourished in 2019.

Currently, only 42 % of the Humanitarian Response Plan (HRP) is funded. The humanitarian appeal for 2020 is USD 1,65 billion, roughly equal to last year's numbers yet more than double that of 2017. Resource deficiency continues to cause severe delays of direct life-saving efforts. The UN Office for the Coordination of Humanitarian Affairs' (OCHA's) office is Africa's largest but still faces a funding gap despite an increase in 2019.

Although some areas of the country start to experience some level of stability, the overall humanitarian tendency in the DRC remains critical. Large scale intra-ethnic violence continues in Ituri. New displacements caused by tension in Minembwe in south Kivu have recently added to the protection case load, and large-scale returns of Congolese citizens from Angola risk to reverse the trend of relative stability in the Kasai provinces.

- **Main stakeholders in the conflict:**

The DRC has an extremely complex and constantly changing landscape of armed actors. Most armed groups are operating in the eastern provinces of North- and South Kivu and in neighboring Tanganyika. The Armed Forces of the Democratic Republic of the Congo (FARDC) and more than 120 armed groups take part in the armed conflicts across the country. The UN Organization Stabilization Mission in the DRC (MONUSCO) military units sometimes carry out operations in coordination with the FARDC.

Despite some time of relative stability and limited IDP returns, security incidents involving Kamwina Nsapu and other militias still take place in the Kasai provinces and tension remains high, not least following a nearly total failure to address impunity for massive human rights abuses during the conflict 2016-2018. Civilians are caught in between and regularly harassed by weapon-bearers from both government and militias, causing stress on communities and their livelihoods.

- **Cross border implications:**

The violence in the DRC and neighbouring nations continues to fuel cross-border movement of civilians and armed groups. The DRC hosts 535,000 refugees from conflict zones along its borders, mainly the Central African Republic, South Sudan and Burundi as well as more than 200,000 Rwandan post-genocide refugees, of which a large portion are born in the DRC. Large numbers of Congolese citizens have returned from Angola in recent years and attempt to settle in the bordering Kasai provinces, which has resulted in yet another large-scale humanitarian emergency operation.

Since 2018, returnees have been observed in areas where the security situation has improved, including in the Tanganyika region and the Kasai region. These people, nevertheless, continue to live in conditions of acute vulnerability and are in need of humanitarian assistance and protection as the situation remains fragile.

The question of foreign military involvement in the armed conflict, either directly or by proxy, is an important factor, however sensitive and a constant cause of dispute. The president has called for

³ No IPC phase 5 has been identified in DRC

support from neighbouring countries to restore peace in the east of the country. Implications of these requests are still to be seen and depend on how the support is implemented.

- **Trends:**

The humanitarian situation in the DRC has continued to deteriorate between 2016 and 2019, although some improvements were also observed in certain areas. Ongoing armed conflicts, persistent structural deficiencies, and multiple aggravating factors including unprecedented epidemics combined with inter-community dynamics around the control of land, mineral resources, and customary power deepen the complexity of the crisis.

This context suggests that significant population **displacements** are likely to continue due to shock, or as a pre-emptive strategy, and in a pendular fashion in certain areas, with also increased likelihood of protection incidents and large-scale humanitarian needs in affected-areas. Structural underdevelopment and diverse crises (armed conflicts, epidemics, floods) will continue to limit the access of the populations to essential goods and services, impacting their capacity for resilience.

The projection of the IPC on **food security** for the first semester of 2020 remains worrying with an estimate of 28% of people in rural areas of the DRC in acute food insecurity. While the percentage of the population in IPC phase 4 (Emergency) is expected to remain steady, the percentage of the population in IPC phase 3 (Crisis) is projected to increase, meaning that people who find themselves in a situation of chronic stress today could fall into a situation of crisis. Despite numbers in line with the worst hunger crises worldwide, levels of acute food insecurity are still believed to be significantly underestimated in DRC due to lack of reliable data for large areas.

In 2019, the DRC's **macroeconomic performance** began to show some signs of recovery. Public engagement in social and humanitarian sectors remains, however, nearly insignificant. The practice of the central and provincial government to (sometimes by force) close IDP camps is likely to continue into 2020. In 2020, MONUSCO is also believed to scale down particularly civilian competencies towards its future departure, raising questions towards how protection needs will be sustained. The international community largely relies on the new government and its willingness to engage to, reform and address underlying causes to humanitarian needs. While a reform agenda is being developed, the likelihood that an impact would be seen in the near future is low. Humanitarian needs will likely continue to be at extreme levels, driving the need for a multi-sectoral response. Unfortunately, there is no indication of an increase in humanitarian funding and it is assumed that the response will remain highly underfunded.

- **Natural disaster - Frequency, resilience and coping mechanisms**

In 2019, large scale **health epidemics** have added to the complexity of the humanitarian situation in the DRC. Due to a lack of basic services such as electrical power, roads, education and healthcare an unprecedented number of people have died due to disease. An outbreak of Ebola Virus Disease (EVD) was declared in May 2018 in Equateur Province and, shortly afterward, also in the fragile regions of North Kivu and Ituri, causing a total of over 2,200 deaths as of 15 October 2019. While the EVD outbreak in the East of the country is the largest ever recorded in the DRC, and globally the second largest anywhere, an even larger number of disease related deaths in the DRC are caused by measles, which has taken more than 6,000 lives since the beginning of 2019 and currently extends to all 26 provinces in the worst measles epidemic the country has seen. Cholera outbreaks have also persisted in 2017 and 2018, the worst since 1994. As of October 2019, more than 20,000 cases have been recorded.

During 2019, **flooding** increasingly became an issue with humanitarian consequences. In both Ubangi and Kinshasa more than 50 deaths were recorded as a result of increased flooding situations. Unfortunately these situations are of regular occurrence due to poor governance, lack of preparedness and low levels of resilience among communities. In 2020, it will be essential to

continue building community resilience through development support which is linked to areas prone to natural disasters.

1.2. Geographical areas and affected population

The DRC is home to one of the largest IDP population globally, the largest in Africa with more than 5 million displaced people. The deteriorating situation in some parts of the country continues to cause internal movements and more than a million people were newly displaced since the beginning of the year. New population movements are critically intertwined with protracted displacement as well as return movements, which combined tend to create increasingly complex environments of vulnerability among both the displaced and the host communities. The crises hotspots largely correlate with areas where armed conflicts and inter-community violence are ongoing or has recently taken place and where the number of displaced is high. The eastern provinces of North- and South Kivu are since two decades the centre of the armed conflict and its effects (violence, human rights abuses and IHL violations). It remains the scene of the largest accumulated numbers of displaced by far.

1.3. Critical assumptions, risks and threats

The list of underlying patterns and drivers to the conflict and thus humanitarian needs is long: an absence of effective political and military control of vast territories; foreign interests through proxy actors; widespread impunity and absence of an independent judiciary; an under-resourced public social sector, including health and education systems; competition for natural resources; geopolitical instability; inter-ethnic tensions; lack of political will; and absence of genuine and resourced domestic agendas for peace, development and humanitarian recovery. These are all crucial factors to address in order to break the decade-long vicious cycle of conflict, human rights violations and forced displacement. There is little sign of a substantial improvement to the humanitarian situation within the foreseeable future. In the Transparency International's Corruption Perception Index (CPI) list, the DRC scores 20/100 and the country is ranked 161/180. Severe underdevelopment exacerbates the population's vulnerability in risk areas.

The crises response is facing a growing donor fatigue sustaining a constant emergency response while political and economic root causes are left untouched.

Major socio-economic challenges as well as conflicts located mainly in the eastern provinces of the country are expected to persist into 2020 while competition and disputes over access to resources could exacerbate or create new inter-community tensions. These dynamics will coincide with aggravating factors for which the combined impact is difficult to precisely assess, including: (1) the expected partial downsizing of the UN Organization Stabilization Mission in the Democratic Republic of the Congo (MONUSCO); (2) the evolution of the Ebola Virus Disease (EVD) epidemic; (3) returns from Angola and Central African Republic and the impact on already limited resources and services; and (4) the influence of new national political dynamics at the local levels.

Considering that the high prevalence of GBV in the DRC and in the context of the humanitarian community's commitment following the Oslo Conference in May 2019 to end such violence, the DRC National Inter Cluster, with the support of the GBV Area of Responsibility (AoR), has ensured the integration of GBV prevention and risk mitigation in the inter-sectoral and sectoral response strategies for 2020. Within the framework of the HRP some innovative programming is also taking on the question of gender inequality and actors are working to ensure effective rapid response to GBV following alerts. Supporting these mechanisms will be a continued priority for Swedish humanitarian aid in 2020.

1.4. Strategic objectives and priorities of the Humanitarian Response Plan

Five humanitarian crises prevail in the DRC: (1) the effects of population movements related to conflict; (2) severe acute malnutrition; (3) epidemics of cholera, measles, and malaria; (4) effects on

the protection environment related to conflict; and (5) acute food insecurity. The root causes remain unchanged over the years but each crisis is periodically aggravated by local dynamics, which increases the severity of impact at community level.

The 2020 HRP recognizes that the scale, scope and severity of all humanitarian needs in the DRC continue to exceed the response capacity of the humanitarian community. The plan therefore applies a geographical prioritization based on the following two considerations: 1) the geographical severity of needs, and 2) the overlap of several critical problems in the same geographical area, which exposes local communities to a particularly high level of vulnerability.

Three key objectives have been defined for 2020: (1) Ensuring the mental and physical well-being of people affected by population movements, epidemics, acute food insecurity and/or acute malnourishment; (2) improving the living conditions of persons affected by the loss of goods and livelihoods and/or with a limited access to essential services; and (3) improving the protective environment of the most vulnerable people affected by the crisis and at risk of violation of their fundamental rights.

2. IN COUNTRY HUMANITARIAN CAPACITIES

2.1. National and local capacities and constraints

▪ **Government (national, sub-national, local):**

A new government took office in the second half of 2019 and some optimism has followed. While 2018 brought with it a deterioration in relations between the DRC government and the international humanitarian community the first few months of the new government has already demonstrated a certain amount of engagement from parts of the internally polarized government in recognition of the humanitarian situation in the country. This was clearly demonstrated by the first acknowledgement of an official IDP figure since several years. The national government is however determined to demonstrate that the DRC is not a humanitarian country in general, it is a country in need of development which is having humanitarian consequences. It is anticipated that this position will lead to a limited but at least symbolically important investment in building the social sectors required to meet the needs of the population but not bring a government response to meeting the humanitarian needs. An ongoing example of how the humanitarian needs continues not to feature at the core of government policy is the dismantling of IDP camps, in some cases using excessive violence and forced evictions.

▪ **Civil society incl. NGOs (national, sub-national, local):**

DRC is home to numerous associations and local NGOs, not least in the humanitarian sector. The absence of a state presence leaves a vacuum in which the local civil society initiatives operate despite being severely hampered by lacking finance and skilled personnel. National humanitarian NGOs represent an important, and growing, portion of the implementing partners to the DRC Humanitarian Pooled Fund and other humanitarian organizations such as the UNHCR. Churches and the national Red Cross society engage many thousands of volunteers, that are often the first responders to humanitarian crises and often remain the only source of relief for the majority of victims of conflicts and disasters.

▪ **Community and household level:**

Survival depends primarily on the capacities of affected households as well as the surrounding (host) community, including resistance and recovery. Self-reliance and solidarity within and between communities remain the most important response factors to humanitarian needs. Women as a rule bear the brunt as first responders. External assistance is generally insufficient,

delayed, or, as in most cases, completely absent. Chronic severe underdevelopment remains a fundamental obstacle for communities, households and individuals to develop their strengths to withstand recurrent humanitarian shocks and threats to their lives, security and livelihood. In the absence of adequate public policies, resilience-oriented development cooperation is very much needed in large parts of the country. The Swedish development cooperation with the DRC, notably in the health and livelihood sectors, puts large emphasis on contributing to improve the ability of individuals, households and communities to better withstand shocks and thereby mitigate disasters.

2.2. International operational capacities and constraints

▪ Leadership and coordination:

The work of the humanitarian coordination led by the Humanitarian Coordinator (HC), the Deputy HC, OCHA and the Humanitarian Country Team is strongly affected by the relationship with the government and the politicization of aid. This is further exacerbated by the triple-hat construction of the HC-function, as one person carries the mandate of HC and Deputy Head of MONUSCO, who responds to political priorities that might conflict with humanitarian principles. The OCHA office appears well-functioning and with an extensive geographic presence. Given the diversity in geography and features of the different crises the regional and local humanitarian coordination (CRIOS and CLIOS) continue working towards strengthened regional coordination and decentralized decision-making. The HCT is open to participation from UN agencies and a limited number of local NGOs and INGOs, either direct or through the INGO Forum, as well as the largest contributing donors. Sweden remains one of the most active donors and holds an observer seat.

▪ Humanitarian agencies:

WFP, UNICEF, IOM and UNHCR, among others, represent a relatively strong UN-presence in the humanitarian response in the DRC, with offices and sub-offices spread throughout the country's provinces. The slow and centralized decision-making procedures, not least for staff recruitment, pose challenges to flexibility and timeliness of humanitarian interventions. The HCT concluded, at the time for the L3 declaration of October 2017, that the operational capacities and resources of the UN humanitarian actors in the DRC are far from living up to international minimum standards, a situation that has not improved since Severe underfunding throughout the UN-system is the single most limiting factor to improving capabilities and fulfilling their humanitarian responsibilities. The L3-declaration expired in March 2018 without any significant lasting results. Today, priorities continue to be largely set by media attention and DRC remains the by far least recognized and most underfunded of the major international humanitarian crises. The international readiness to swiftly and generously contribute to the Ebola response has been a sharp contrast to the insufficient donor engagement in combatting much more devastating health concerns, such as cholera, measles and food insecurity.

▪ Implementing partners:

Implementing partners in the humanitarian sector include a vast range of international and local NGOs and church actors in addition to key UN agencies such as WFP, IOM and UNHCR; NRC, ACF, IRC and ICRC are important partners to Sweden. Sweden's contributions to Congolese NGOs are channelled through the humanitarian pooled fund. Cluster leadership is shared between UN agencies and INGOs.

▪ Development actors:

In the DRC, extreme underdevelopment and humanitarian crises often coincide in time and location, underscoring the need for a strengthened relationship between humanitarian and development actors. While many of the implementing organizations work in both humanitarian and development programmes there remains a gap in the large development actors such as the international banks.

However, following the establishment of the new government in 2019 the IMF is preparing a rapid credit fund and the World Bank is in process of developing a five-billion-dollar strategy.

2.3. International and regional assistance

Humanitarian assistance in the DRC is upheld through contributions from a relatively limited number of donors. The biggest supplier of direct humanitarian assistance to the DRC is the USA, followed by the UK, the EU-Commission, Germany and Sweden. Others are Belgium, the Netherlands, Norway, Canada, France and Japan. Together with the UK, Sweden is one of the largest donors to the Humanitarian Pooled Fund. Despite increasing humanitarian needs funding levels remain alarmingly low, with approximately half of the HRP currently covered. Unfortunately, the international attention around the DRC humanitarian crises has not led non-traditional humanitarian donors such as Qatar, UAE or China to engage. Regional organizations such as AU and SADC remain engaged in the political dialogue with and about the DRC, but do not actively contribute to the humanitarian crises response.

2.4. Access situation

The topography of the DRC together with extremely poor infrastructure create challenging access conditions and affected populations in certain areas are hard to reach with the security situation and disrespect for international humanitarian law (including the responsibility to facilitate access) being the main impeding factor. Numerous cases of violence against humanitarian personnel have been recorded in 2019, including a few cases of killings and kidnappings. As such, security and informal access fees prohibit humanitarians' movement, putting some in danger. Repeated security incidents are continuously compromising, delaying and increasing cost of assistance in many of the most exposed humanitarian crises areas in North Kivu, South Kivu, Ituri and Tanganyika. Politically motivated government obstruction of humanitarian access has been a recurrent problem in Tanganyika and North Kivu, often in and around IDP-camps.

The humanitarian space is, as in many contexts, viewed as a security issue invoking an idea that stabilization actors are needed to protect. This continued to be notable in 2019 when the Ebola response continued to face security incidents and access related challenges. Sweden will in 2020 continue to support partners to access hard to reach areas where the needs are often the most urgent as well as drive dialogue on the potential this carries in transferring risk to staff and partners. This will include the availability of rapid response mechanisms as well as flexible funding to partners.

According to the Logistics Cluster, more than 1,400 km of roads need rehabilitation. When required, air transport is used enabling the humanitarian community to deliver some materials and assistance isolated, hard to reach populations, albeit at a very high cost.

3. SIDA'S HUMANITARIAN RESPONSE PLAN

3.1. The role of Sida-Earlier assistance and results, lessons learnt

Sida has, during recent years, maintained robust and continuously growing support to the humanitarian response in DRC, with its contribution reaching 350 million SEK ranking not only amongst the highest of bilateral donors, but also of the highest amongst Sida's contributions to humanitarian crises. In previous years, Sida has responded with a view to providing principled assistance that targets the most vulnerable. Practically, this has included support to both non-governmental organizations and multilateral partners who work with people directly affected by the conflict, across all sectors, with a pronounced focus on displaced people, the latter including also returns.

Sweden's recent humanitarian support has contributed to the response in various important ways:

- Responding to the tremendous needs in the food security sector, Sweden has contributed significantly to organizations like WFP in addressing food insecurity and acute malnutrition. ACF has been supported to address both emergency malnutrition needs as well as finding longer term solutions to malnutrition in the Kasai.
- Sweden has in various ways contributed to the efficiency and timeliness of the humanitarian response by being a prominent contributor to the Country Based Pooled Fund (the Fund), supporting rapid response mechanisms and in supporting NRC with a program-based approach. The latter has given the organization an increased ability to quickly respond to needs and meet shifts in priorities. The Fund increased the possibility for Congolese NGOs to access funding and therefore contribute to the increased localization of the response.
- Sweden aims to keep the centrality of the humanitarian principles at the forefront of the response by ensuring that initiatives are based on needs alone. Through the support to IOM Displacement Tracking Matrix, Sweden is contributing to continuous displacement monitoring, making evidence accessible to guide the response.
- Integrating sexual and reproductive health continues to be a priority for Sweden and programming in this area has responded to the severe needs of women and girls affected by the conflict in DRC.

The efforts of Swedish partners in 2019 met challenges that provide important lessons learned:

- Securing access was challenged due to the security situation. Likewise, partner programming that did not take necessary preparatory steps to ensure access or integrate protection thinking throughout the program met challenges to implement. This only confirmed the importance of maintaining an eye to the centrality of protection both on a macro (response) and micro (project) level. Confusing elements of protection can risk interfering with an ability to implement a principled response.
- The politicization of humanitarian aid and the humanitarian context. Politics and policies related to tracking, settling and responding to the needs of IDPs proved at times a challenge, particularly in gathering a holistic understanding of the problem based on evidence, which is a necessary element to serve as a basis for an effective and targeted response.
- Keeping key staff was difficult in part due to projects' short-term perspectives as well as the security situation in conflict affected areas
- Integrating a gender perspective, including addressing the challenge of stigma related to reporting GBV, proved an important consideration to reach women and girls.
- Differentiating and understanding the root causes for vulnerabilities to be able to better prioritize and thus direct humanitarian assistance, as compared to more development or resilience-oriented programming proved an on-going challenge in DRC. Ensuring that humanitarian funding is not stretched too thin when the needs are so overwhelming remains a responsibility of all.

3.2. Response Priorities 2020 - Humanitarian Focus and Field follow-up

Entirely in line with the HRP 2020 and as has been the focus to date, Sida will prioritize serving people who have been directly affected by the conflict, specifically the most vulnerable where displacement is a significant factor (including internal displacement as well as cross-border). Sida will aim to work specifically to respond to consequences of the crisis, most notably food insecurity, malnutrition and the impact of protection-related risks (i.e. excessive violence, forced recruitment, GBV). As with the HRP, Sida's humanitarian contribution aims to be principled, flexible and rapid. Considering the protracted nature of the crises, Sida will aim to support initiatives that work either to bridge humanitarian and development programming, such as providing durable solutions for displaced persons, as well as to increase community resilience, building community capacity (individual and institutional) to respond to shocks.

In 2020, Sweden will continue to focus its humanitarian programming in the areas most affected: Ituri, North and South Kivu and Tanganyika. Specific response modalities will be adapted to best suit the actual context and can therefore range from in-kind to cash as well as service delivery or

combinations thereof. A multi-sectoral response is often necessary to respond to the compounded needs that affected people experience linking sectors such as WASH and shelter, health and protection.

During 2019, Sida will focus follow up on the following areas:

- IDP/displaced persons: Responding to the needs of IDPs, and particularly following up on the role of specific organizations in fulfilling this mandate
- Protection: the integration of protection in programming, as well as stand-alone protection programming. Efforts to follow how protection risks affect other programming (i.e. the delivery of the Ebola response) will also be followed closely.
- Food insecurity and malnutrition in priority locations
- Multi-sectoral response: The effectiveness of different forms of coordinated rapid response programming and their ability to meet immediate needs will be sought both through the humanitarian pooled fund and through NGO led rapid response mechanisms.

3.3. Partners

Sida works with a range of actors in the DRC response, including both INGOs and multilateral organizations, whose reach span sectoral needs and geographic areas, as well as contribute to improved access and coordination. In 2019, Sida humanitarian assistance aims to finance organizations that provide a multi-sectoral response to persons affected by the conflicts, predominantly those displaced, including organizations operating within a rapid response framework (NRC, ACF, UNICEF). Protection actors, including the IRC and ICRC, provide services, assistance and work on negotiations and dialogue. The ICRC is an important actor who disseminate humanitarian principles through its work. The WFP addresses needs related to food security and malnutrition. IOM and UNHCR respond to the needs of displaced persons, including tracking IDP numbers. Efforts to better facilitate access will be supported through UNHAS. Sida underscores the importance that the multilateral organizations allocate to the DRC from their own core funding. The Swedish Civil Contingencies Agency (MSB) continues to prioritize DRC, and Sida will support its expert secondments and support teams when deemed necessary and relevant. Sida has reduced the number of partners with which it works in DRC compared to 2019.

Country-based Humanitarian Pooled Fund: The Humanitarian Fund has been a flexible tool for emergency response to new or ongoing crisis and is an important channel to support local actors in the humanitarian response. Through this later initiative, it contributes to the agenda of localization and supports organizations who have an advantage in reaching affected populations both because of access and acceptance. It is perceived to be complimentary to other funding streams (such as the CERF, which is handled through the same office) and continues to work towards improved follow up of results as well as risk management. Sida will continue to follow up on the Fund's cost efficiency.

World Food Program: WFP is a central partner in the DRC. As per the 2019 IPC, the number of food insecure in DRC increased markedly from 2018 to 2019 and is expected to continue to worsen in 2020. Sida humanitarian funding prioritizes the first two strategic outcomes of WFP's plan that delivers an emergency response to food insecurity and malnutrition, so that people meet their basic food needs as well as improve their nutritional status.

United Nations Humanitarian Air Services: Logistical challenges as well as the security situation impede movement around the DRC. UNHAS is essential to the humanitarian community in facilitating access to many hard-to-reach areas. Sweden continues to take part in dialogue on UNHAS' operations, including efforts to ensure cost-recovery.

UN High Commissioner for Refugees: UNHCR is primarily mandated in the protection of refugees and is also the lead agency for the protection of IDPs in the DRC. Under recent years, Sweden together with other donors have criticized UNHCR for not taking on a strong enough role in responding to the needs of IDPs. However, it was made quite evident during a visit in November

2018, that the organization has concerted work to improve in this area. In 2018 the budget progressively increased from USD 700 000 to USD 7,500,000 and in 2019, the program started at USD 6 million. UNHCR is expected to maintain these increased levels of prioritization its IDP mandate, although the investment measured by cost per person remains many times lower for IDPs compared to refugees. Sweden supports UNHCR for its important contribution to meeting the needs of IDPs both in camps and host communities.

International Organization of Migration: While working in different sectors, IOM directs efforts towards addressing the needs of IDPs in the DRC. Focusing on data collection, as well as IDP site management and coordination, including multi-sector assistance in sites (as a last resort), IOM is the co-lead (together with UNHCR) of the Camp Management and Camp Coordination working group. It manages the Displacement Tracking Matrix (DTM), a system to track and monitor individual displacement and population mobility. Expanding the DTM, and thereby ensuring access to evidence-based data, is a priority for 2020.

International Committee of the Red Cross: Sweden provides significant support to the ICRC both through the humanitarian assistance unit, as well as the Swedish MFA with core funding. The ICRC is the only actor in the DRC that manages continued contact with the armed groups and is therefore able to negotiate on behalf of the civilian population working towards their increased protection.

INGOs:

Action Against Hunger (AAH/ACF): ACF continues to be a key malnutrition partners and support in 2020 proposes to continue complement ACF's ECHO funding to provide a rapid, multi-sectoral response in response to new displacement alerts. The proposal focuses on three areas specifically (WASH, NFIs, and psychosocial support) in North and South Kivu within fifteen days of a new alert being raised. The response will deliver psychological first aid to persons affected by violence, including survivors of sexual gender-based violence. ACF is also a partner in Sida's development programming and the organisations is a growing nexus actor.

International Rescue Committee (IRC): Sida supports the IRC in providing health (sexual and reproductive health and rights), nutrition and protection services to IDPs, returnees and host communities. The IRC is a strong protection actor and has a well-established presence in the DRC.

Norwegian Refugee Council (NRC): NRC continues to be an important partner with strong capacity who has a key role within the DFID/ECHO funded RRM. The organisation is currently chairing the NGO forum. In the DRC, Sida supported NRC through a program-based approach 2018-2019, giving NRC flexibility to direct funding towards the needs it identifies as most urgent, as well as to be able to redirect funding when necessary (such as the organization was able to do when the crisis in the Kasais erupted). Working across different sectors, including protection, education and legal counselling, with an integrated, community-based approach, NRC works in hard to reach areas and towards durable solutions for displaced communities.

SIDA's HUMANITARIAN ASSISTANCE TO (Crisis) in 2020

(Insert total sum allocated to country. If another sum is proposed, please indicate that sum with a second/separate table)

Recommended partner for Sida support	Sector/focus of work (incl. cross sectoral/multipurpose programming) and response modalities (e.g. in-kind, services, CVP or a mix)	Proposed amount
ACF	Cross sectoral, mix	8 000 000
Humanitarian Country-based Pooled Fund	Cross sectoral, mix	70 000 000
ICRC	Cross sectoral, mix	20 000 000
IOM	Cross sectoral, mix	25 000 000
IRC	Cross sectoral, mix	10 000 000
NRC	Cross sectoral, mix	22 000 000
UNHAS	Logistics	10 000 000
UNHCR	Cross sectoral, mix	30 000 000
WFP	Cross sectoral, mix	30 000 000
		TOTAL: 225 000 000

3.4. Strategic funding in protracted crises

Sida has no ongoing multi-year projects.

SIDA'S MULTIYEAR HUMANITARIAN ASSISTANCE TO (CRISIS) 2020

(Insert total sum allocated to country. If another sum is proposed, please indicate that sum with a second/separate table)

Recommended partner for Sida support	Sector/focus of work (incl. cross sectoral/multipurpose programming) and response modalities (e.g. in-kind, services, CVP or a mix)	Category: a) Protracted crisis b) Exit/phase-out	Time-span (2020-20XX)	Proposed amount

3.5. Synergies and Nexus

The complexity of the DRC is created by a confoundment of development and peace related situations that have an impact on humanitarian needs. As such a focus on working across all three areas and coordinating humanitarian, development and peace actors is a priority.

According to the in-depth strategy report of the implementation of the Swedish development cooperation strategy in DRC 2015-2019 a reduction in humanitarian need can be achieved through:

- Increased overall level of development cooperation with a focus on addressing the root causes of humanitarian needs
- Ensure efficient targeting of geographical areas to ensure convergence between development interventions and areas where severe humanitarian crisis prevail
- Integrate a resilience approach in all strategies and programmes to ensure longer term impact

The creation of the new government towards the end of 2019 created cautious optimism among large development actors. The IMF set up rapid credit facility in December 2019 and the World Bank is working on putting in place a 5-billion-dollar programme in support of the government's reform agenda.

The DRC has been identified as a UN priority country on developing a local approach to the humanitarian, development and peace nexus. Joint prioritization across humanitarian, development and peacebuilding actors started during 2019 and is crucial to providing cohesive action, particularly given the current lack of coordinated national planning documents. The Organization for Economic Co-operation and Development (OECD) facilitated a Resilience Common Analysis Process in November 2019 highlighting vulnerabilities, risks and capacities that should be prioritized in the design of Collective Outcomes. Collective outcomes will be defined and launched in 2020. Joint prioritization at a practical level is also being implemented through pilot projects in North and South Kivu, Kasai and Tanganyika. This offers the opportunity to ensure coherence, complementarity, collaboration and coordination within and between development and humanitarian activities.

Through Sweden's development cooperation over the past year some good examples of inter-sectoral initiatives in Ituri, North Kivu, Tanganyika and the Kasai have emerged. These examples include the PEAR+ project implemented by UNICEF which takes a community based approach to peace activities and the delivery of basic services, the WFP/FAO resilience programme for food insecurity and the ACF project on health systems' strengthen to address malnutrition. These initiatives demonstrate that with integrated efforts development cooperation can address root causes to humanitarian needs.

Against this background, Sweden has increased resources to the country and is taking a lead role in donor coordination and participation in the UN led process of developing collective outcomes for achieving results within the triple nexus. Sweden is well placed to demonstrate how working in the humanitarian, development and peace nexus can generate long term solutions for individuals. Through our decentralized, flexible development aid we will be able to align our investments with Swedish humanitarian contributions.

Against this background, Sweden's humanitarian support will aim to contribute to collaboration between humanitarian, development and peace actors with the aim to reduce humanitarian needs in the long term. The priority areas for 2020 will be:

- Identify geographical areas and sectors where humanitarian needs are created by under development rather than a rapid onset emergency and, based on analysis, suggest development interventions that can contribute to finding a longer-term solution
- Phase in development support alongside humanitarian partners building on partnerships working in both pillars but also creating partnerships between specialized actors within each of the nexus pillars, increased geographical convergence could generate greater impact of investments
- Define community-based interventions that look at humanitarian, peace and development aspects of a solution

- Provide leadership in donor coordination among both humanitarian and development donors to bring the conversation closer together
- Support the UN led process of defining, implementing and monitoring collective outcomes