

Humanitarian Crisis Analysis 2024

Democratic Republic of the Congo

31 March 2024

1. Crisis overviewi

4.4 /5	25.4 million	8.7 million	\$2.6 billion	40.1%
Inform severity index	People in need of humanitarian aid (HNO 2024)	People targeted in the response plan (HRP 2024)	Required to reach the target (HRP 2024)	Of the required funding secured (HRP 2023)
295 MSEK Initial allocation	– Additional allocation	- Flexible Funding	295 MSEK Total Sida funding 2024	

Recognising the scale and severity of the humanitarian crisis in the DRC, as well as the challenges faced by the humanitarian community to meet the needs of the most vulnerable, a systemwide scale-up was launched in June 2023, and extended through 31 December 2023. The crisis is driven by conflicts and natural disasters which have caused the internal displacement of nearly 7 million people, of which 5.3 million persons were displaced in the provinces of Ituri, North Kivu, South Kivu as of September 2023. While severe food insecurity affects about a quarter of the population, epidemics and malnutrition further add to the humanitarian needs. The effects are exacerbated by poverty (with more than 60 per cent of the population living on less than \$2.1/day), poor infrastructure, and lack of access to basic services.

The severe deterioration of the security situation for civilians in Eastern Congo, and in North Kivu in particular since 2022 has led to massive displacements and an unprecedented upsurge of gender-based violence (GBV), while humanitarian access remains highly constrained, and community resilience is hampered. Intensified attacks causing further harm and displacement occurred in the province in the first quarter of 2024, with implications in the neighbouring province of South Kivu, with the arrival of around 150 000 IDPs early 2024. According to IOM, approximately 630 000 displacement movements took place in North Kivu between end of January and mid-March 2024. Only a third of them were displaced for the first time.

2. Humanitarian needs & affected population

While the overall number of people in need remains stable, the Humanitarian Response Plan (HRP) for 2024 sets a target of 8.7 million people as multifaceted vulnerabilities are experienced across the country. The inform severity index places the DRC among the "very high severity" contexts. At provincial level, the most acute needs are located in Ituri, North Kivu, South Kivu, Tanganyika and Central Kasai. The country also hosts over 525,000 refugees and asylum seekers, mostly from the Central African Republic and Rwanda. Close to one million Congolese refugees and asylum seekers are hosted in nearby countries, as of January 2024. The majority of internally displaced persons (IDPs) are hosted in the community. The scale and duration of displacement is having a toll on host communities, leading to increased vulnerabilities and even tensions at times, when access to basic services is challenging. Indeed, more than 750,000 children in Ituri alone have had their education disrupted due to armed conflict, according to NRC.

Poor infrastructure, challenges to access health services, and major displacements has led to recurring disease outbreaks. 320,000 measles cases were recorded in 2023 in the country (more than dubbling from 2022), while 50,000 cholera cases were reported, compared to 5,800 for the whole of 2022.

DRC remains the country with the largest number of people in acute food insecurity (IPC phase 3 and above) in the world, and 3.5 million of them are currently in IPC phase 4. Food insecurity is spread across the country, and is particularly alarming in the Greater Kasai, Ituri (where nearly 45 per cent experience acute food insecurity in some territories), Tanganyika, and North Kivu. The most affected populations are mainly displaced people, returnees, host families and populations living in conflict zones or affected by natural disasters.

Protection concerns are observed across the board, with extreme vulnerabilities associated with displacement (including family separations), GBV, attacks on civilians, and forced enrolment into armed forces/armed groups, leading to an estimated 9.8 million people in need of protection services for 2023. 149,800 protection incidents were reported from January to September 2023 in the three Eastern provinces, with 56,312 reported cases of GBV.

Extreme severity is also recorded when it comes to attacks on civilians, as well as theft, extorsion, evictions, and destruction of personal property. At country level, increasing attacks on IDPs have been reported since June 2022 (murders, rapes, injuries) in particular as people move to farm, harvest or access services, but also within IDP camps. Noticeable protection risks are linked to land rights and usage. In July 2022, inter-communal violence broke out in the Maï-Ndombe province, mainly connected to land, property, and taxation matters. According to UNICEF, at least 115,000 people, including 55,000 children have reportedly been displaced with over 60 per cent of the population in the territory of Kwamouth on the move. At least 3,000 civilians have been reported killed.

The UN peacekeeping and stabilisation mission in the DRC (MONUSCO) has withdrawn from the Kasaï and Tanganyika provinces. The contexts in these provinces are, however, still very fragile and a number of concerns are expressed by humanitarian organisations about protection

of civilians, access restrictions as well as the crucial logistical support to the humanitarian response. MONUSCO's disengagement process continues in 2024, starting with South Kivu in April, limiting the implementation of its mandate to Ituri and North Kivu from May onwards. In line with the so-called Nairobi process of the East African Community (EAC), a regional force was deployed in Eastern DRC, but their mandate was not extended and they withdrew in December 2023. Instead. a SADC regional force was deployed to the DRC on December 15th 2023 with a mandate to support the restoration of peace and security in eastern DRC.

3. The humanitarian response

The Humanitarian Response Plan (HRP) 2023-2024 strategy focuses on population movements, food insecurity, malnutrition, epidemics, and protection incidents. In 2024, it aims to address the vital needs and integrity of 8.7 million persons, while reducing vulnerability and improving living conditions for those receiving emergency assistance. The geographical focus is placed on conflict-affected North Kivu, South Kivu, Ituri, and Tanganyika (in parts) where a convergence of humanitarian impacts, deepening humanitarian needs, and increased vulnerability levels are observed. There is chronic underfunding despite prioritisation efforts. In 2023, the HRP was funded at 40 per cent. The main funding sources were the USA, the European Union, Germany, the Central Emergency Response Fund (CERF) and Sweden. These 5 donors contributed to 80 per cent of the response, and the USA alone provided over 53 per cent of the total funding.

The Food Security sector absorbed close to 40 per cent of the total funding, though less than 40 per cent of funding requirements were met. Only five clusters were funded at 50 per cent and above: Shelter, Water, Sanitation & Hygiene (WASH), multi-purpose Cash, Coordination and Logistics. Protection, though prioritised in the HRP, was funded around 40 per cent.

The most acute protection needs are located in areas with restrained access. An updated protection strategy for the Humanitarian Country Team (HCT) has been finalised and is focusing on access to land, SGBV, attacks on civilians, distress caused by attacks. Emergency interventions need to be multisectoral and agile to adapt to fast changing environments. A number of rapid response mechanisms (multiagency or internal to specific agencies) coexist, with varying criteria, durations, and capacity to operate quickly. The Humanitarian Fund is presented as a multisector response catalyst in priority areas of the HRP as well as for neglected crises, with a particular focus on protection. It has placed the localisation agenda as a priority and offers a platform to local and national non-governmental organisations (NGOs) to access humanitarian funding.

An operational plan was developed as part of the scale up, targeting 5.11 million persons in the three eastern provinces. By December 2023, 3.9 million had been reached with humanitarian assistance, while only 33 per cent of GBV targets were met despite the visibility given to this crisis through high level visits among other initiatives. The humanitarian response is unable to meet the needs of the most vulnerable at the required scale. It is constrained by limited funding, access challenges and lack of flexibility, often patchy, and close to nonexistent outside of eastern

DRC. It would require a stronger collaboration with development and peace organisations, to build resilience, support longer-term solutions, and the areas of displacement and returns.

4. Sida's humanitarian allocation

Sweden is among the largest humanitarian donors in the DRC, and plays an active role in coordination mechanisms to foster a coherent, accountable, agile, localised humanitarian response, where protection is mainstreamed and integrated to address needs and prevent further harm. To support this approach, Sida prioritises flexible funding mechanisms supporting multisector and integrated interventions, focusing on the most severe unmet needs. Acceptance from the communities is a key to access and successful interventions. Organisations with a presence in hard-to-reach areas, and that promote community engagement will be prioritised, as well as organisations having a capacity to respond to newly emerged or forgotten crises. To tackle GBV, prevention and response services should be made available at the greatest possible extent, including through community-based interventions and case management. All partners should have strong prevention of sexual exploitation, abuse, and sexual harassment (PSEAH), through policies and management structures.

PARTNER	SECTOR	INITIAL ALLOCATION (SEK)	
PARTNER		2024	2025
AAH	Nutrition, Health, WASH, Protection, FSL	20,000,000	20,000,000
DRC HF (CBPF)	Multi-sector	50,000,000	
ICRC	Protection, Health, WASH, Shelter, FSL	40,000,000	
IRC	Protection, Health, Nutrition, WASH, Education	10,000,000	
NRC	Protection, FSL, Shelter, WASH, ICLA, Education	30,000,0001	30,000,000
PUI	Protection, Health, Nutrition	15,000,000	
UNHCR	Multisector	40,000,000	
UNICEF	Nutrition, Protection, Health, NFI, Education	45,000,000	
WFP	FSL, Nutrition, Logistics	45,000,000	
TOTAL		295,000,000	50,000,000

¹Of which SEK 25 million already committed in 2022.

5. Humanitarian-Development-Peace Nexus

In the DRC, the humanitarian needs grow due to cyclical violence repeating itself over land rights disputes and ethnic clashes while epidemics thrive, and food security rises as a result of

chronic mismanagement of government systems and the complete lack of access to basic services. Addressing root causes to humanitarian needs has become a priority for all involved stakeholders. There is a strong demand from communities affected by crises (IDPs, returnees, host communities) to implement enabling responses, such as livelihoods. At the same time, the pressure put on the same communities by large scale displacements needs to be addressed, to avoid further escalation of conflicts.

A number of targets were set for 2024 for the four collective outcomes (food insecurity and malnutrition, access to basic services, population displacements, gender-based violence) encompassing humanitarian, development and peace interventions. The announced MONUSCO withdrawal in a phased approach may impact some of these interventions.

Increasing efforts are made towards a more localised response and contributing to enabling resilience, community participation and local solutions. This should be monitored and supported in the coming years. Innovative approaches such as durable solutions for IDPs in Tanganyika, food security improvements in Kasai and the creation of a sub-cluster for community-based peacebuilding under the protection cluster, demonstrate how the approach is being rolled out at provincial level. Sweden has played a driving role in these initiatives through funding modalities where humanitarian and development funding is provided to the same organisations ensuring a continuum of support that has long term effects. This is done through Sida's own funding but also in collaboration with Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO) and the US Bureau for Humanitarian Assistance (BHA). Examples of past and current projects are (i) the WFP/FAO resilience programme for food insecurity which includes a peacebuilding component and which is implemented alongside Swedish humanitarian funding to WFP, (ii) the NRC initiative humanitarian mediation to prevent new conflicts over land access; (iii) an IOM durable solution project in Tanganyika co-funded with ECHO and (iv) humanitarian funding to both UNICEF's humanitarian appeal and its country programme.

These initiatives demonstrate that with integrated efforts, development cooperation can address root causes to humanitarian needs. As at the same time, Sweden is leading the triple-nexus donor coordination group, and supports the Resident Coordinator Office (RCO) with additional resources for their Nexus work, to ensure an integrated approach and a complementarity between relevant actors on these matters.

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ⁱ The 2024 initial allocation of humanitarian funding is based on Sida's humanitarian allocation analysis methodology. The methodology was updated during 2023 to more clearly inform an allocation of funding that is proportional between crises, in line with Humanitarian and Good Humanitarian Donorship principles. Key changes in funding levels between the initial allocations for 2023 and 2024 for specific crises are therefore not only reflecting changes in the humanitarian situation but also changes in the analysis methodology. The analysis reflects the current humanitarian situation across crises and is being updated continuously with the latest available data, thereby allowing future allocations to be informed by how indicators have changed since previous allocations. 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.