

1. Summaryⁱ

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|--|--|-----------------------------|-------------------------------|--------------------------|----------------------------|
| 2 | 24.8 million | 204 MSEK | 0 MSEK | 0 MSEK | 204 MSEK |
| Humanitarian crisis ranking (Sida's initial allocation analysis) ⁱⁱ | Number of people with humanitarian needs (Sida's initial allocation analysis) ⁱⁱⁱ | Initial allocation for 2026 | Additional allocation in 2026 | Flexible funding in 2026 | Total Sida funding in 2026 |

The Democratic Republic of the Congo (DRC) faces a protracted, volatile humanitarian crisis driven by armed conflict and rights violations. Fighting between non-State armed groups and the FARDC, alongside allied groups, escalated in early 2025 and continues to severely affect North and South Kivu. Recent diplomatic efforts have yet to yield tangible improvements¹. Displacement and protection risks, including killings, sexual and gender-based violence and forced recruitment, remain acute. This conflict-driven, protection crisis is further compounded by violence by militia and armed groups in Ituri and northern North Kivu. Intercommunal violence, notably in Tanganyika, Kwamouth, Kasai and Kasai Central, adds additional layers of instability. Widespread humanitarian needs and large-scale forced displacement continue in a context of shrinking humanitarian space, macroeconomic fragility and a deteriorating funding environment. The DRC currently hosts approximately 5.3 million internally displaced persons (IDPs) and 4.1 million returnees,² while over 20 per cent of the population faces IPC Phase 3 or higher food insecurity.³ Limited access to basic services fuels recurrent epidemics, reinforcing the protracted nature of the crisis. Sida's initial 2026 humanitarian allocation prioritizes conflict-affected communities with severe needs, including in hard-to-reach areas. The portfolio supports a diverse set of partners providing multisector, life-saving assistance with flexibility to respond to sudden-onset shocks, while strengthening coordination and longer-term protection outcomes for the most vulnerable populations.

¹ U.S.-brokered peace agreement between the DRC and Rwanda in June 2025, signed by the Presidents in December, and a Qatar-mediated declaration with AFC/M23 representatives in July.

² HNRP 2026

³ IPC *Acute Food Insecurity Snapshot*, November 2025

2. Humanitarian needs & affected population

Since January 2025, the escalation of the M23/AFC–FARDC conflict, including the fall of Goma and Bukavu within weeks, has sharply intensified humanitarian needs in eastern DRC. Over one million people were newly displaced in the first quarter alone and 3,000 killed. Between January and October, 2.7 million people were newly displaced in conflict-affected areas, often multiple times⁴, bringing the total to 6.4 million IDPs, alongside 4.1 million returnees, some forcibly, as of January 2026⁵. Persistent Cooperative for the development of Congo (CODECO) militia attacks, shifting alliances, and the militant group Allied Democratic Forces (ADF) activity continue to severely affect civilian populations in Ituri and northern North Kivu.

Recent displacement originates mainly from Rutshuru, Masisi and Lubero (North Kivu); Djugu, Mahagi and Irumu (Ituri); and Fizi, Bukavu and Walungu (South Kivu). Intercommunal violence, notably in Grand Bandundu, has left close to 200,000 persons internally displaced as of September 2025 in that region alone⁶. Refugee dynamics remain fluid, with more than 45,000 new arrivals from South Sudan since April 2025. The most urgent needs relate to food security and livelihoods, protection, access to basic services, shelter. Over 20 per cent of the population faces IPC 3+ food insecurity, including 3.2 million people in IPC 4 (emergency), concentrated in Ituri, North and South Kivu and Tanganyika⁷. The overall food security situation is likely to worsen over the first six months of 2026 as 26.6 million people are projected to face IPC3+ (going from 21% to 22%). Six additional territories are expected to see their situation deteriorate to Phase 4⁸. Armed conflict has severely disrupted agricultural production and access to land; households resort to negative coping strategies, increasing exposure to exploitation and abuse. Access to health, WASH and education, already weak at national level, is further undermined in conflict and return zones. By October 2025, 3,225 schools were closed, affecting 1.4 million children, with South Kivu most affected, followed by North Kivu. Recurrent epidemics (62,000 cholera cases and 82,500 Mpox cases, including 19,000 in South Kivu, and a recent Ebola outbreak in Kasai, ended in December 2025⁹) further strain fragile systems and aggravate already critical needs.

Protection risks are severe and widespread. Ninety-one territories report extreme protection risks (levels 4–5), including attacks on civilians and health facilities, arbitrary killings, looting and extortion, forced evictions, child recruitment and explosive ordnance contamination. Gender-based violence is pervasive: between January and September 2025, over 160,000 cases of GBV were documented¹⁰, including over 90,000 cases of sexual violence, with women and girls living near frontlines, in informal sites or remote villages particularly exposed. Boys are at heightened risk of recruitment and forced labour, while men, especially young men, face arbitrary arrests, abuses at

⁴ UNHCR, *DRC Situation Report*, October 2025.

⁵ UNHCR, *DRC in Brief Dashboard*, February 2026

⁶ Ocha, *Situation Report*, September 2025

⁷ IPC, *DRC Food Security Analysis*, November 2025

⁸ IPC, *Acute Food Insecurity and Malnutrition Snapshot*, July 2025-June 2026

⁹ WHO, *Cholera and Mpox Outbreaks in DRC*, 2025

¹⁰ UNFPA, *Gender-Based Violence in DRC: Situation Report*, September 2025

checkpoints and targeted violence. Mental health needs are acute across all groups, with extremely limited Mental Health and Psychosocial Services (MHPSS) .

Communities near frontlines, in rural areas, IDP sites, or crowded urban peripheries are particularly vulnerable. Structural factors, chronic poverty, longstanding under-investment in basic services, weak infrastructure and limited state presence, significantly exacerbate needs and hamper access to assistance. Insecurity, road cuts, checkpoints, extortion and intermittent control shifts between armed actors frequently restrict people’s freedom of movement and constrain humanitarian access. Host communities that have absorbed IDPs over prolonged periods are seeing their own resilience erode, blurring the line between “affected” and “host” populations and underscoring the need for responses that jointly target IDPs, returnees and vulnerable hosts.

3. The humanitarian response

The 2026 Humanitarian Needs and Response Plan (HNRP) seeks to mobilise USD 1.4 billion to assist 7.3 million people out of an estimated 14.9 million people in need across DRC with a hyper-prioritized target of USD 937 million for 4.7 million people¹¹. The plan covers all major crisis-affected provinces, with a particular emphasis on areas impacted by conflict and displacement in the East, as well as pockets of acute vulnerability in Tanganyika and Kwamouth. However, significant gaps persist between needs and planned coverage, especially in hard-to-reach and newly affected areas.

| | | |
|--|--|------------------------------------|
| 7.3 million | \$1.4 billion | 30 % |
| People targeted in the response plan (HNRP 2026) | Required to reach the target (HNRP 2026) | Of the funding secured (HNRP 2026) |

By December 2025, the HNRP was only 22 per cent funded (USD 562 million), the lowest since 2017 and far below the USD 1.3 billion raised in 2024. Food Security and Livelihoods (FSL) is the largest sector in absolute terms but has received only around one sixth of its 2024 funding level, forcing drastic ration cuts and reduced caseloads. While funding to GBV programming has increased slightly in response to alarming incident reports, other critical sectors remain severely under-resourced. Education, protection (other than GBV) and WASH have some of the lowest levels of response (40 per cent reach or less), and the refugee response is also lagging. Among the HRP priority areas, the response in Kwamouth and Tanganyika is reaching less than half of the targeted population, revealing clear geographic blind spots. The donor landscape is highly concentrated. ECHO is the largest contributor, followed by the United States. Sweden is the fourth largest bilateral donor, with 5.4 per cent¹². The current pattern of contributions tends to favour life-saving food assistance and GBV, while leaving multi-sectoral protection, basic services (education, WASH) and refugee-oriented responses relatively neglected. These imbalances are directly relevant for Sida’s allocation choices.

¹¹ OCHA, *Humanitarian Response Plan: Democratic Republic of Congo 2025*, UN Office for the Coordination of Humanitarian Affairs, November 2025.

¹²OCHA, [Democratic Republic of the Congo 2025 | Financial Tracking Service](#) (accessed 12/12/2025)

A change of methodology for the 2026 HNRP led to a substantial reduction in the number of people in need, not as a result of improved conditions for affected communities, but in an effort to prioritise the most severe needs in a very restrictive funding environment. It must be emphasised that the response plan is reduced but not the crisis, as the methodology will not focus on people at risk, but in immediate crisis which also carries with it the need to align the PIN to what can be realistically targeted. This results in vulnerability translating into meeting a higher threshold across multiple sectors and tighter requirements. It must be emphasised that the need for humanitarian assistance for those excluded in the HRP, does not disappear but they are no longer included.

The response faces severe strain, with access hindered by insecurity, looting, bureaucracy, and damaged infrastructure, including Goma and Bukavu airports. Between January and October 2025, OCHA recorded 626 security incidents affecting humanitarian workers in eastern DRC, including 13 staff killed, contributing to reduced field presence and higher delivery costs¹³. The severely limited access greatly impacts protection of civilians and operational partners ability to reduce the protection risk that civilians are exposed to. The response architecture also needs to adapt to evolving needs, shifting from a camp-centred model towards support for returns, dispersed displacement and cross-border dynamics.

Local and national actors remain first-line responders in rural and hard-to-reach areas and are critical for access, acceptance and sustainability. However, they are themselves heavily affected by the funding crisis, with shrinking direct support and limited access to quality financing and capacity-strengthening. Despite ongoing localisation efforts and the emergence of coordination platforms for local NGOs, their leadership in the formal humanitarian architecture remains constrained by structural power imbalances and short-term, projectized funding.

The second strategic objective of the HNRP, focusing on essential services and resilience, has been de-prioritised as a result of the funding shortfall, in a context where development actors have limited presence in AFC/M23-controlled and other conflict-affected areas. In response, a “Strategy for Protection, Assistance and Resilience” has been developed for returns in North and South Kivu, based on an area-based, nexus-oriented approach. This emerging framework offers an entry point for complementary, flexible funding from donors like Sida to bridge critical gaps between emergency assistance, protection, and early recovery in under-served areas.

An additional funding opportunity that presents considerable challenge has been the US allocation of 150 million USD to the Country Based Pooled Fund, as part of the MoU signed between the US Department of State and OCHA outlining a new standard for US funding of UN humanitarian assistance announced on 29 December 2025. The DRC has been one of the 17 countries to receive the funding however it must be spent within a timeframe of 6 months non-extendable. While persistent administrative and structural barriers continue to limit meaningful access for local actors, the pressure to operationalise the funding and spend before the deadline, creates a much more considerable barrier for local actors. The challenge with regards to risk management and follow-up is also highlighted amongst implementing partners and the Advisory Board.

¹³ Ocha, *Eastern DRC: Incidents Against Humanitarian Workers*, December 2025

4. Sida's humanitarian allocation

Sida's humanitarian allocation will focus on addressing the protection crisis in DRC by saving lives, alleviating suffering and reducing protection risks for conflict-affected communities, while enabling longer-term results where possible. The portfolio is designed to be both geographically and thematically complementary, with a focus on areas with the most severe needs, including hard-to-reach locations and zones along active frontlines. It will also preserve capacity to respond to sudden-onset crises (new surges of violence, natural disasters, epidemics) across the country.

The allocation prioritises vulnerable communities severely affected by conflicts, in particular IDPs, returnees, host communities under acute pressure, and groups facing heightened protection risks, notably women, children and communities living along frontlines. Protection will constitute a central pillar of the portfolio (including GBV, HLP and respect for IHL), both as stand-alone interventions and integrated within food security and livelihoods, health and nutrition, and WASH, especially in displacement and return areas.

Partner selection is guided by three main parameters: (i) sectoral priorities, with a strong focus on protection and life-saving basic services; (ii) operational capacity to reach populations in areas of highest severity, including hard-to-reach locations and constrained environments; and (iii) response modalities that are people-centred, accountable and as locally anchored as possible. Sida will favour partners that can combine different modalities (in-kind, services, multipurpose cash wherever feasible), that are embedded in and accountable to communities, and that strengthen locally led initiatives, including through partnerships with national and local organisations. The portfolio also supports actors with a leading role in critical coordination and access structures) in order to reinforce the collective capacity for principled, coordinated response.

Sida's funding modalities in DRC will remain predominantly flexible, including softly earmarked contributions that enable partners to adapt rapidly to a volatile context and evolving needs. Sida will largely support partners' own country strategies, with only one project-type contribution foreseen, where this is necessary to address a clearly identified gap. Through core global funding, Sida will continue to support key enabling actors such as INSO, REACH and UNHAS, and will actively engage with them on DRC-specific priorities from global to country level. The DRC also remains a priority for MCF in 2026, including through secondments to UN agencies and targeted in-country interventions.

There is clear potential for parts of the allocation to contribute to more effective and sustainable humanitarian outcomes. Sida's direct funding to the national NGO ABCom, launched in November 2025 and focused on community-based livelihoods in Mweso (North Kivu), aims to support longer-term solutions for conflict-affected communities and to test area-based, locally led approaches "as local as possible, as sustainable as possible." Building on lessons from this pilot, Sida will consider expanding similar programming, ideally within broader strategies for returnees and severely affected communities, for instance through livelihoods and protection interventions that can reduce recurrent acute needs.

| PARTNER | INITIAL ALLOCATION |
|--|--------------------|
| Action pour le Bien-être Communautaire (ABCom) ¹⁴ | 5,000,000 |
| Action Contre la Faim (ACF) | 26,000,000 |
| INGO Forum (via ACF) | 1,000,000 |
| International Committee of the Red Cross (ICRC) | 63,000,000 |
| Norwegian Refugee Council (NRC) | 40,000,000 |
| Première Urgence Internationale (PUI) | 15,000,000 |
| OCHA – Country Based Pooled Fund (CBPF) | 30,000,000 |
| United Nations High Commissioner for Refugees (UNHCR) | 30,000,000 |
| TOTAL | 204,000,000 |

ⁱ The 2026 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.

ⁱⁱ Sida's initial allocation analysis consists of three dimensions that are assessed for each crisis-affected country: 1) magnitude and severity of humanitarian needs 2) capacity of the humanitarian system to respond to needs and 3) capacity of the crisis-affected country to respond to needs. The qualitative and quantitative analysis produces an index scoring for each country, where the highest ranked country is found to have the greatest proportion of unmet severe humanitarian needs globally, based on available data. Sida's initial allocation for 2026 includes a total of 25 countries with the highest scores. For more information please see Initial Allocation Methodology.

ⁱⁱⁱ The number of people with humanitarian needs according to Sida's allocation analysis is based on the most inclusive estimate of humanitarian needs that is available from recent sources and supported by triangulation. For DR Congo, the selected source is IPC 2025.

¹⁴ 2025-2026 project funded in 2026