

1. Summaryⁱ

5	32 million	204 MSEK	61 MSEK	21.5 MSEK	286.5 MSEK
Humanitarian crisis ranking (Sida's mid-year allocation analysis) ⁱⁱ	Number of people with humanitarian needs (Sida's mid-year 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, violations of human rights and international humanitarian law, large-scale displacement, and recurrent disease outbreaks. The Ebola virus disease (EVD) outbreak, declared in May 2026, has become a major crisis multiplier, placing additional pressure on already fragile systems. Fighting involving AFC/M23, the FARDC, and allied forces continue to severely affect North and South Kivu, while diplomatic initiatives have yet to yield tangible improvements in civilian protection and humanitarian access.¹ Violence by armed groups remains severe in Ituri and northern North Kivu, while intercommunal violence continues in Tanganyika, Mai Ndombe, Kasai and Kasai Central. Displacement and protection risks, including killings, sexual and gender-based violence and forced recruitment, remain acute and are further exacerbated by militia and armed group violence.

DRC currently hosts approximately 6.4 million internally displaced persons (IDPs)² and 5.5 million returnees.³ More than 20 per cent of the population faces IPC Phase 3 or higher acute food insecurity levels.⁴ These needs persist amid shrinking humanitarian space, macroeconomic fragility and a deteriorating funding environment. Therefore, Sida's allocation in 2026, prioritised conflict- and outbreak-affected communities with the most severe needs, including people in hard-to-reach areas. The mid-year allocation provides much-needed additional resources to support the ongoing response to the Ebola outbreak. The 2026 portfolio combines a multisectoral, life-saving, protection focused, flexible assistance enabling a coordinated and effective response to sudden-onset shocks, and support to locally led action and investments that can contribute to more sustainable outcomes.

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 WFP, *DRC Country Brief July 2026*, August 2026.

³ IOM, *Democratic Republic of Congo National Overview 2026*, April 2026.

⁴ IPC, *Democratic Republic of Congo: Acute Food Insecurity Snapshot January - June 2026*, May 2026.

2. Humanitarian needs & affected population

The Ebola outbreak that emerged in eastern DRC in May 2026 has significantly exacerbated existing vulnerabilities, acting as a crisis multiplier by placing additional pressure on already overstretched health systems, increasing protection risks, and compounding food security and WASH needs. The outbreak was first detected in Bunia, Ituri Province, and has since spread to North Kivu, South Kivu, Haut -Uélé, Tshopo and Bas Uélé.⁵ By the end of August 2026, approximately 6,100 confirmed cases and 2,950 deaths had been reported, corresponding to a case fatality rate of about 48 per cent, with women and children disproportionately affected.⁶ The outbreak is unfolding in a context marked by conflict, displacement and constrained humanitarian access, complicating response efforts and increasing the vulnerability of affected communities.⁷ It also requires sustained community engagement, safe and dignified burials, effective surveillance and contact tracing, and cross boarder coordination. Since January 2025, the escalation of the AFC/M23–FARDC conflict, including the capture of Goma and Bukavu, has sharply intensified humanitarian needs in eastern DRC. More than one million people were newly displaced during the first quarter of 2025, and an estimated 3,000 people were killed. Attacks by CODECO, ADF, and other armed groups, together with shifting alliances, continue to expose civilians in Ituri and northern North Kivu to acute protection risks.

Recent displacement mainly originates from locations in North Kivu, South Kivu, Ituri and Maniema.⁸ Intercommunal violence in Grand Bandundu left over 500,000 persons displaced by February 2026.⁹ Refugee dynamics remain fluid, with the country hosting more than 600,000 refugee and asylum seekers, primarily from the Central African Republic, Rwanda, South Sudan and Burundi.¹⁰ The most urgent needs include food security and livelihoods, protection, health, WASH, shelter and education. Over 20 per cent of the population faces IPC Phase 3 or higher acute food insecurity, including 3.6 million people in IPC Phase 4, concentrated in Ituri, North and South Kivu and Tanganyika.¹¹ Six additional territories are expected to see their situation deteriorate to Phase 4.¹² Conflict has severely disrupted agricultural production and access to land, forcing households to resort to negative coping strategies, increasing exposure to exploitation and abuse. Access to basic services, already weak nationally, is further undermined in conflict, displacement and return areas. Armed groups attacked at least 587 schools, affecting over 285,500 children between March 2025 and February 2026. Around 1.18 million children in eastern DRC are out of

⁵ UNICEF, *Democratic Republic of the Congo: Ebola Outbreak caused by Bundibugyo Virus, Humanitarian Situation Report No. 2*, August 2026.

⁶ WHO Regional Office for Africa, *Weekly External Situation Report 16, Data as of 30 August 2026 - Democratic Republic of the Congo and Uganda*, August 2026.

⁷ OCHA, *Democratic Republic of the Congo: Addendum to the Humanitarian Response Plan - HNRP 2026*, July 2026.

⁸ OCHA, *DRC-IDP's and Returnees*, June 2026.

⁹ IOM, *RDC-Région de l'ouest: Suivi des mouvements, cycle 2 (janvier - février 2026)*, January 2026.

¹⁰ UNHCR, *Refugees and Asylum Seekers in the Democratic Republic of the Congo*, July 2026; UNHCR, *Democratic Republic of the Congo: DRC At A Glance*, 31 August 2026, September 2026.

¹¹ IPC, *DRC Food Security Analysis*, November 2025; IPC, *Democratic Republic of the Congo (DRC): IPC Acute Food Insecurity Snapshot, January-June 2026 Overview Key Figures*, May 2026.

¹² IPC, *Acute Food Insecurity and Malnutrition Snapshot, July 2025-June 2026*, December 2025.

education due to the closure of their schools, according to the education cluster.¹³ As of 31 July 2026 there are approximately 36,500 cholera cases (with most cases in South-Kivu), 25,600 Mpox cases, and 111,700 measles cases in the DRC.¹⁴ Further strain on fragile systems risks aggravating food security, health and educational 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. In June 2026, in the provinces of Ituri, North-Kivu, South-Kivu and Tanganyika 8,5 per cent of most reported violations related to GBV.¹⁵ Women and girls living near frontlines, in informal sites or remote villages are particularly exposed. Boys face heightened risk of recruitment and forced labour, while men, especially young men, face arbitrary arrests, abuse at checkpoints and targeted violence. Mental-health and psychosocial support needs are acute across all groups, while services remain extremely limited.

3. The humanitarian response

Following the rapid deterioration of the humanitarian situation, including the Ebola outbreak, an addendum to the 2026 Humanitarian Needs and Response Plan (HNRP) was issued. The revised plan seeks USD 2.13 billion to assist 10.7 million- of an estimated 18.5 million people in need. Within

10.7 mn	\$2.1 bn	48 %
People targeted in the response plan (Addendum to the HNRP 2026)	Required to reach the target (Addendum to the HNRP 2026)	Of the funding secured [HNRP 2026]

this, a hyper-prioritized requirement of USD 1.7 billion targeting 8.1 million people was issued, with USD 306 million required for Ebola-related activities.¹⁶ The plan covers the principal crisis-affected provinces, with particular emphasis on conflict, displacement and disease outbreaks in the east, as well as pockets of acute vulnerability in Tanganyika and Kwamouth. However, significant gaps persist between assessed needs and planned coverage, especially in hard-to-reach and newly affected areas. Funding for Ebola must be additional and complementary wherever possible, so that the scale-up does not divert resources from other life-saving services.

In 2025, the HNRP received USD 701 million, equivalent to approximately 28 per cent of required funding, the lowest level since 2017, compared with USD 1.3 billion in 2024.¹⁷ Food Security and Livelihoods, the largest sector in absolute terms, received only around one sixth of its 2024 funding level, forcing major ration cuts and caseload reductions. While funding for GBV programming increased slightly in response to alarming incident reports, education, protection beyond GBV, WASH and refugee response remained severely under-resourced. Coverage in Kwamouth and Tanganyika reached less than half of the targeted population, illustrating persistent geographic blind

¹³ Save the Children, *DRC: Number of attacks on schools triple in one year as violence escalates*, April 2026.

¹⁴ OCHA, *DRC: Humanitarian key figures*, July 2026.

¹⁵ Protection Cluster DRC, *RDC : Points Saillants de la situation de protection – Juin 2026 Aperçu*, June 2026.

¹⁶ OCHA, *Democratic Republic of the Congo: Addendum to the Humanitarian Response Plan – HNRP 2026*, July 2026

¹⁷ OCHA, *Democratic Republic of the Congo 2026 Humanitarian Needs and Response Plan (HNRP): Plan Overview and Funding Status*, Humanitarian Action, January 2026.

spots. The donor base is highly concentrated: the United States remains the largest donor, accounting for approximately 70 per cent of the HNRP, followed by ECHO, while Sweden is among the leading bilateral donors.¹⁸ This concentration, combined with short funding horizons and earmarking, increases operational vulnerability and reinforces the case for flexible, complementary allocations that protect neglected sectors and locations.

The 2026 HNRP introduced a revised methodology that narrowed the definition of people in need (PiN) to those facing the most severe and immediate humanitarian consequences, reflecting increasing funding constraints and a stronger prioritisation of life-saving assistance. As a result, the reduction in the initial PiN compared to previous planning cycles did not indicate an improvement in humanitarian conditions, but rather a higher threshold for inclusion. People excluded from the HNRP continued to face significant vulnerabilities and humanitarian needs. The July 2026 HNRP revision, however, demonstrates that needs have continued to grow, driven by worsening conflict, displacement, food insecurity, cholera and the Ebola outbreak, increasing the number of people in need from 14.9 million to 18.5 million.

The response faces severe strain, with access constrained by insecurity, bureaucratic impediments, taxation, looting, damaged infrastructure and restrictions linked to shifting territorial control, including the limited functionality of Goma and Bukavu airports. Between January 2025 and August 2026, OCHA recorded 855 security incidents affecting humanitarian personnel in eastern DRC, including 23 staff deaths.¹⁹ These constraints reduce field presence, increase delivery costs and weaken partners' ability to mitigate the protection risks faced by civilians.²⁰ In AFC/M23-controlled areas, principled engagement with all relevant actors, robust conflict-sensitivity and clear separation between humanitarian and political objectives are essential to preserve acceptance and reach people on the basis of needs.

Local and national actors remain critical first-line responders in rural and hard-to-reach areas. However, their leadership within the humanitarian architecture remains constrained by structural power imbalances, short-term funding and the ongoing funding crisis.

Funding shortfalls continue to constrain essential services and resilience-oriented programming, particularly in AFC/M23-controlled and other conflict-affected areas. The revised HNRP emphasises the importance of maintaining essential services and ensuring that the Ebola response does not come at the expense of other critical humanitarian priorities. The “Strategy for Protection, Assistance and Resilience” for return areas in North and South Kivu, provides a useful area-based framework for promoting complementarity across emergency assistance, protection, livelihoods, and basic services. Engagement under this framework should remain needs-based, conflict-sensitive and attentive to the risk of legitimising of facilitating coerced or premature returns.

Under the Memorandum of Understanding (MoU) between the US Department of State and OCHA on UN humanitarian funding, the US announced on 29 December 2025 an allocation of USD 150 million to the DRC Country-Based Pooled Fund (CBPF). The non-extendable six-month

¹⁸ OCHA, Financial Tracking Service (FTS), *Democratic Republic of the Congo Humanitarian Needs and Response Plan 2026 Funding Overview*, September 2026.

¹⁹ International NGO Safety Organisation (INSO), *NGO Safety Data Dashboard*, September 2026.

²⁰ OCHA, *Eastern DRC: Incidents Against Humanitarian Workers*, December 2025.

implementation period poses significant delivery, oversight and risk-management challenges. Administrative and structural barriers may constrain meaningful access for national and local actors, while pressure for rapid disbursement can undermine programme quality, due diligence and community accountability. Sweden will use its role on the Advisory Board to follow allocation speed, geographic and sectoral complementarity, risk management, partner diversity and the quality of funding available to local actors.

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 and groups facing heightened protection risks, notably women, children and communities living along frontlines. Protection will be 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 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. 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.

In light of evolving needs, in its mid-year allocation Sida is allocating an additional SEK 54 million to UNICEF to strengthen the multisectoral Ebola response while helping maintain essential health, nutrition, WASH, education and child-protection services. An additional SEK 7 million to Solidarités International strengthens rapid, integrated assistance in hard-to-reach areas. Dialogue with partners will focus on complementarity with the HNRP and pooled funds, absorption and delivery capacity, localisation, safeguarding and PSEAH, community accountability, conflict sensitivity, and evidence that outbreak funding does not displace other critical services.

PARTNER	INITIAL ALLOCATION
Action Contre la Faim (ACF)	25,000,000
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

FLEXIBLE FUNDING & ADDITIONAL ALLOCATIONS (SEK)		
PARTNER	FLEXIBLE FUNDING ²¹	ADDITIONAL ALLOCATION
Action Contre la Faim (ACF)	3,000,000	
Première Urgence Internationale (PUI)	1,950,000	
OCHA Field Coordination ²²	3,900,000	
Swedish Civic Defence and Resilience Agency (MCF)	12,665,000	
Solidarités International (SI)		7,000,000
United Nations Children's Fund (UNICEF)		54,000,000
TOTAL	21,515,000	61,000,000

²¹ Flexible funding includes a mix of allocations such as Rapid Response Mechanism and other flexible funding mechanisms.

²² Sida provides flexible funding to OCHA's field coordination, and this preliminary allocation is therefore subject to change.

ⁱ The 2026 mid-year 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 mid-year allocation analysis consists of three dimensions that are assessed for each of the 25 crisis-affected countries that were included in the initial allocation for 2026: 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, based on available data. For more information, please see Mid-Year Allocation Methodology.

ⁱⁱⁱ Sida uses the most inclusive estimate of humanitarian needs which is available from recent sources and supported by triangulation. For the DRC, the sources are HNRP, HNRP Addendum, IPC and UNHCR.