

Anticipated implications of US stop-work orders and subsequent cuts

BACKGROUND: SUSPENSION OF US-FUNDED FOREIGN AID

On 20 January 2025, US President Donald Trump signed an executive order imposing a “90-day pause on United States foreign development assistance” (WH 20/01/2025). On 24 January, the administration began sending stop-work orders (SWOs) on existing projects and suspending new aid projects. By 7 February, most USAID employees had been placed on administrative leave, with the exception of critical personnel (CNN 04/02/2025).

On 28 January, US Secretary of State Marco Rubio announced a waiver for ‘life-saving’ humanitarian assistance (referred to as ‘the waiver’ throughout this analysis), which was supposed to allow the resumption of programmes involving life-saving medicine, medical services, food, shelter, and subsistence assistance (US DOS 28/01/2025; AJ 27/01/2025; Reuters 27/01/2025). By 11 March, however, there was no clear information on waivers being granted for projects in the Democratic Republic of Congo (DRC), and even projects that seemingly fall within the eligibility criteria for waivers have been suspended (JAM 11/05/2025; Reuters 27/02/2025; HRW 10/02/2025).

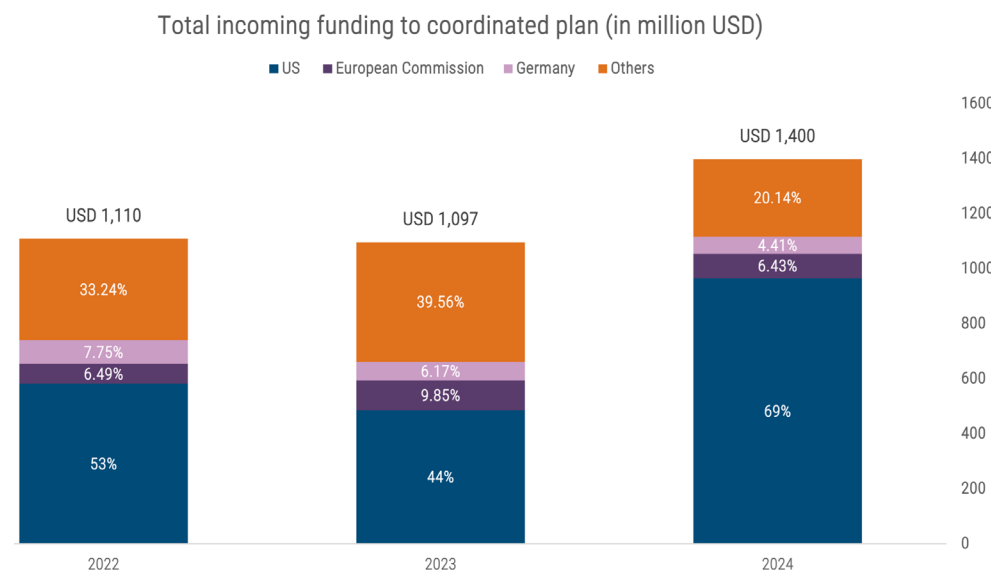
The freezing of humanitarian funds from the US comes at a time of increasing instability caused by the conflict between the March 23 Movement (M23) and DRC armed forces in eastern DRC, specifically Ituri, North Kivu, and South Kivu provinces – especially Goma city, North Kivu’s capital. The conflict between M23 and the national army has escalated since January 2025. From January–February 2025, at least 7,000 people have died because of conflict in eastern DRC, and there are 2.29 million IDPs in North and South Kivu alone (OCHA 08/03/2025; The Guardian 24/02/2025; TNA 13/02/2025; BBC 12/02/2025). This insecurity has already reduced humanitarian presence, potentially allowing armed groups in eastern DRC to escalate violence, increase cases of forced displacement, and further heighten the risk for children associated with armed forces and groups. In February 2025, M23 forced around 100,000 people to flee the IDP camps in Goma city. Host communities face increased pressure to provide refuge and assistance despite not having adequate resources themselves (WFP 21/02/2025; ACLED 10/02/2025; HRW 13/02/2025; UN 11/02/2025). Displacement and humanitarian needs in the eastern regions are expected to continue to rise in 2025.

OVERVIEW: ANTICIPATED EFFECTS ON FUNDING AND HUMANITARIAN NEEDS IN THE DRC

The US Government is the largest donor of humanitarian aid to the DRC, providing over 50% of humanitarian and bilateral assistance yearly since 2022 and accounting for nearly 3 billion in aid from 2022–2024 (US Embassy in the DRC 23/01/2025; OCHA accessed 12/02/2025). In 2024, 68% of humanitarian aid for the DRC (USD 965 million out of a total of USD 1.4 billion) came from the US, not including its contribution to pooled funds (OCHA accessed 12/02/2025; Afrique Sur 7 12/02/2025; RFI 04/02/2025). According to OCHA, around 60% (USD 579 million) of US funding for humanitarian aid to the DRC went to food security, 5% (USD 46 million) to health, 6% (USD 55 million) to WASH, and 4% (USD 35 million) to protection. By March 2025, OCHA reported that the US had contributed 20% (USD 36 million) of the total humanitarian aid funds disbursed for the DRC in 2025 (OCHA accessed 04/03/2025).

The US funding freeze will severely affect the effective implementation of the 2025 Humanitarian Needs Response Plan (HNRP) for the DRC, which identified 22 million people (nearly 19% of the total population) in need of humanitarian assistance countrywide. The number of people in need is likely still evolving because of the increasing conflict in eastern DRC (OCHA 14/02/2025 and 26/02/2025; OCHA accessed 11/03/2025). The suspension of USAID funding jeopardises vital humanitarian programmes and projects addressing food security, protection, health, and WASH needs, threatening the response to the conflict and resulting in further displacements (Just Security 12/02/2025; RFI 04/02/2025; TNA 13/02/2025). Assessing the exact impact of the funding freeze remains challenging, as its effects will unfold in the short, medium, and long term at different levels of the humanitarian response.

Figure 1. Humanitarian funds provided for the DRC from 2022–2024



Source: ACAPS using data from OCHA (accessed 12/02/2025)

Table 1. People in need and targeted by the DRC's 2025 HNRP by sector

SECTOR	PEOPLE IN NEED	PEOPLE TARGETED
Food security	17.6 million	7.3 million
Health	12.9 million	6 million
Protection	7.9 million	2.7 million
Nutrition	6.5 million	2.9 million
WASH	6.2 million	5 million
Shelter and NFIs	4.1 million	1.8 million

Source: OCHA (14/02/2025)

ABOUT THIS REPORT

Aim

This report analyses the current and potential implications of the US SWOs, subsequent cuts on humanitarian operations, and needs in the DRC, with a focus on the escalating humanitarian needs in eastern DRC provinces as conflict persists. It aims to provide key stakeholders with an accessible overview of emerging challenges.

Methodology

This report is based on a review of secondary data from public sources, complemented by conversations and joint analysis sessions with key stakeholders, which will be cited in the document as JAM (joint analysis meeting). This report uses several assessments, in particular the HRP of 2024 and 2025, to identify the estimated number of people in need and the main sectors of need.

The report uses data provided by OCHA's Financial Tracking Service to identify the five humanitarian sectors most dependent on US funding in 2024, which were food security, nutrition, health, WASH, and protection. It also includes an analysis of the shelter sector, as the conflict will continue to increase internal and cross-border displacement as well as shelter and protection needs. This report also acknowledges the impact of the suspension of non-humanitarian US funding to development, early warning and preparedness, and other areas, though it does not provide a detailed analysis of these funding sources.

Limitations

By 11 March, there was a lack of clarity on life-saving waivers. There was also no publicly available information on the number and geographic sectoral coverage of such waivers and if any had been granted to humanitarian programmes in the DRC. At the same time, there was a lack of comprehensive information on which projects have received a termination notice, since some organisations have received confusing communications (JAM 11/03/2025). Considering this lack of clarity, this report covers the SWOs, potential implications for sectors, specific activities that could fall under the waivers, which activities are unlikely to be covered, and which have an uncertain status.

The full impact and the possibility of further cuts remain unclear. Even if other responders step in or the US lifts the freeze, the disruption has already limited access to essential life-saving services, affecting vulnerable communities, including people with serious health needs and those displaced by conflict.

Assessments and maps of humanitarian presence and activities previously provided by USAID, as well as information on the presence of US-funded organisations in the DRC, were no longer accessible by 11 March, as the USAID website has been restricted.

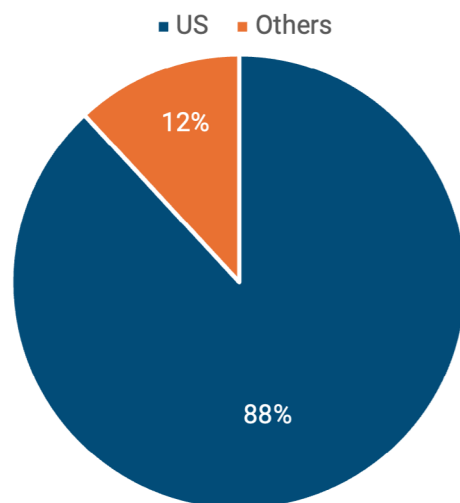
Data collection constraints, particularly in places where armed clashes restrict the presence of humanitarian organisations, have resulted in limited access to information and a lack of contextualised understanding of the current situation (Govt. UK accessed 04/03/2025; DW 14/02/2025). It is difficult to analyse with certainty how the USAID funding freeze will affect communities directly or indirectly, as organisations continue to struggle with conflicting information concerning their operations.

POTENTIAL EFFECTS ON NEEDS

Food security and nutrition

Figure 2: US contribution to food security under the 2024 HNRP

Food security total allocation = USD 647 million



Source: ACAPS using data from OCHA (accessed 12/02/2025)

In 2024, the food security sector in the DRC received the largest share of funding from all donors, with USD 570 million allocated from the US. This amount represents 88% of the total food security funding from all responders in 2024 and 60% of total US funding. In 2023, the US provided over USD 136 million in food assistance to the DRC, reaching at least 5.3 million people (WFP 09/05/2024; OCHA accessed 12/02/2025).

The 2025 HNRP requires USD 1.1 billion in food assistance and USD 275 million in nutrition assistance (OCHA 26/02/2025). By 4 March, only 11% of food security funds and 2.3% of nutrition funds had been disbursed (OCHA accessed 04/03/2025). By 11 March, there was no information on whether any waivers had been granted to food security and nutrition programming in the DRC, nor whether any grants had been used because of the pause on funding even for life-saving activities.

According to the International Federation of Red Cross and Red Crescent Societies, by 24 February, more than eight million people were experiencing acute food insecurity, with half a million children at risk of severe acute malnutrition in the provinces of Ituri, North Kivu, and South Kivu (IFRC 24/02/2025). The decrease in funding for food assistance, even if temporary or partial, is expected to have significant effects on communities with already high food needs in the DRC. From July–October 2024, at least 25.6 million people experienced Crisis (IPC Phase 3) or worse food insecurity across the DRC, with approximately 3.1 million people classified as facing Emergency (IPC Phase 4) levels (WFP 10/02/2025; IFRC 24/02/2025; IPC 28/10/2024).

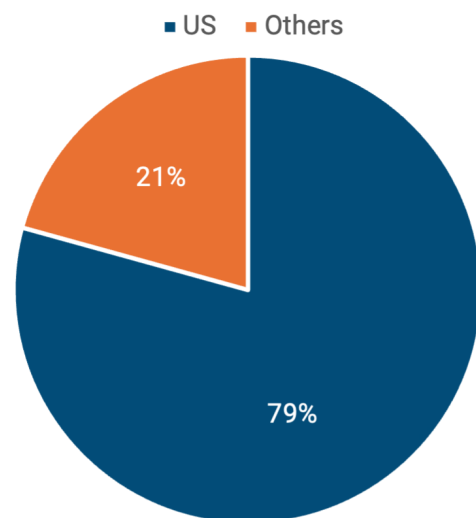
By October 2024, it was anticipated that by June 2025, food insecurity rates would be worse than they were from July–October 2024. The projection was estimated before the current escalation of the conflict and the US SWOs. Prior to the M23 takeover of Goma city in January 2025, the percentage of households experiencing poor food consumption stood at 13%. Following the takeover, this figure rose significantly to 71% by February 2025 (WFP 10/02/2025; IFRC 24/02/2025; IPC 28/10/2024).

After M23 took control of Goma city in January 2025, markets – the primary source of food in Goma – were disrupted, and the main roads that enable food access were cut off, impeding domestic supply chains and reducing food access and affordability. Although some food remains accessible in the markets, low supply has led to high costs, making food unaffordable for many people. In Goma, price increases have ranged from 18–160% on goods such as flour, beans, and oil since 25 January (WFP 10/02/2025 and 20/02/2025; IFRC 24/02/2025; ActionAid 03/02/2025; IPC 28/10/2024).

Organisations providing large-scale food assistance, such as the WFP, suspended their operations in frontline areas in February 2025 because of a combination of security access issues and the US funding freeze (WFP 07/02/2025; IFRC 30/10/2024). By 4 March, the WFP had resumed some of its activities in Goma, but they have not been able to reach most of the affected population because of security constraints (VOA 27/02/2025; WFP 20/02/2025).

Figure 3. US contribution to nutrition under the 2024 HNRP

Nutrition total allocation = USD 113 million



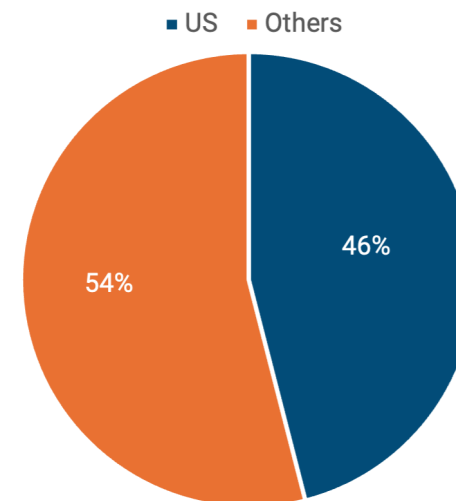
Source: ACAPS using data from OCHA (accessed 12/02/2025)

In 2024, the US provided USD 89.6 million to support the nutrition sector in the DRC, which amounted to 79% of the total funding the nutrition sector received that year (OCHA accessed 14/02/2025). For 2025, the HNRP estimated that at least USD 275 million would be needed to cover the country's nutrition needs, but it is not certain how much of this amount was expected to come from the US (OCHA 14/02/2025). By February, it was projected that at least 4.5 million children under five years old and 3.7 million pregnant and nursing women and nursing girls would face acute malnutrition across the country between January–June, even before the funding freeze and subsequent cuts (WFP 07/02/2025). Without adequate funding and mitigation measures, these numbers are likely to rise, aggravating the food security crisis, mostly among women and children.

Health

Figure 4. US contribution to health under the 2024 HNRP

Health total allocation = USD 100 million



Source: OCHA (accessed 12/02/2025)

At the time of the funding freeze, the DRC's health system relied heavily on humanitarian aid, particularly from the US. In 2024, 54% of the money received for the health sector came from the US (Afrique Sur 7 12/02/2025; IMC 18/02/2025). By February 2025, the HNRP calculated that the health sector would need at least USD 200 million, but it is unclear how much was expected to come from the US before the funding freeze (OCHA 14/02/2025).

Before the US funding freeze, USAID-funded programmes provided emergency care, vaccines, obstetric care, reproductive health services for survivors of sexual violence, and disease prevention initiatives, including cholera and measles vaccination campaigns in displacement camps (Just Security 12/02/2025). Following the funding freeze, many of these life-saving programmes have been forced to stop or, in cases where they had other donors, cut back on operations. It is unclear the extent to which waivers have allowed some life-saving health programmes to continue or how many US-funded health programmes have been cut in the recent terminations.

The funding freeze also comes at a time when the DRC is experiencing an outbreak of the mpox virus, which was declared a global health emergency in 2024 (AP 03/02/2025). Between 1 January 2024 and 20 January 2025, there were 69,158 suspected cases of mpox and 1,392 related fatalities, with a case fatality rate of 2% (IFRC 24/02/2025). By 2 February, the DRC had reported a 34% increase in mpox cases over the past six weeks compared to the previous six weeks (HPW 13/02/2025). Mpox predominantly affects children under 15 years of age because of their less developed immune systems (CIDRAP 14/02/2025; BBC 25/08/2024). The status of the mpox programme in relation to a waiver for life-saving humanitarian assistance remains unclear (CIDRAP 14/02/2025). On 5 February, however, following a 10-day pause, the WHO renewed mpox vaccination efforts in Goma city (WHO 07/02/2025).

The capacity to transfer mpox samples from remote areas to laboratories has also been significantly affected, since USAID was tasked with transporting samples from hotspots to the central laboratory. Testing rates have significantly declined in some of the most affected regions in the DRC, with only 29% of suspected cases currently undergoing testing because of logistical difficulties and lack of funding (HPW 13/02/2025). The lack of prompt testing, the shortage of health facilities and medical staff, and the conflict in North and South Kivu provinces are major barriers impeding people's access to healthcare for mpox, especially for groups more likely to require humanitarian assistance. These constraints affect the identification of mpox and other diseases, increasing health risks and making outbreak control more difficult (IOM accessed 26/02/2025). Disruption and limited access to primary and preventive care will lead to higher morbidity and mortality rates, both in the short and long term.

The USAID funding freeze could also jeopardise efforts to prevent HIV and other sexually transmitted infections, as many emergency medical programmes have had to halt operations, limiting access to HIV and reproductive health services (Just Security 12/02/2025; TNA 13/02/2025). This lack of funding has also severely limited access to essential medication and supplies, including antiretrovirals (ARVs) and post-exposure prophylaxis kits for HIV (PHR 12/02/2025). While post-exposure prophylaxis kits had not yet run out by mid-March, there is a high risk of depletion because of limited humanitarian aid. This disruption to services undermines prevention, screening, and treatment efforts, further worsening the public health crisis. UNAIDS data shows that approximately 21,000 new HIV infections occur each year; by 2023, there were an estimated 520,000 adults and children living with HIV (UNAIDS accessed 13/02/2025; UCSF 08/01/2025). Based on the trend, over 560,000 individuals may require HIV treatment and support in 2025. Without assistance, they are likely to be more vulnerable to other diseases. ARVs have proven to positively affect survival and transmission rates (AJ 28/02/2025; MSF 11/03/2019). This progress is under threat, however, if ARVs are limited by the USAID funding freeze. This situation may also affect the unborn children of mothers with HIV, putting disease prevention efforts at risk.

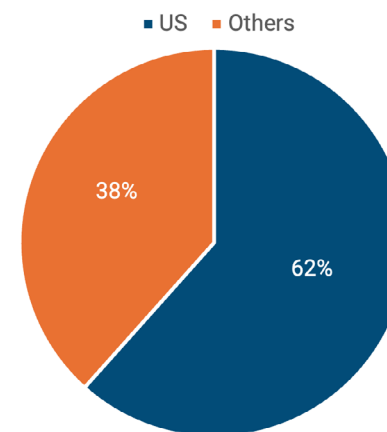
The violence in eastern DRC has caused a significant health crisis characterised by the destruction of health facilities. More than 8.9 million people have limited access to healthcare because of conflict in eastern DRC, and at least 70 health facilities in North Kivu province have been affected, with some destroyed and others finding it difficult to resume operations. Access to operational health facilities has become severely limited, as facilities are overwhelmed with injured people, medical supplies have been looted, and there are major obstacles to the delivery of medical items. Blood banks have also been compromised and are scarce, affecting trauma response and surgery (ALIMA 05/02/2025; UN 14/02/2025; WHO 07/02/2025; CARE 14/11/2023). By February 2025, it was estimated that 220,000 women were pregnant in North and South Kivu provinces alone, and more than 12,000 were displaced with no guarantee of access to medical care (UNFPA 12/02/2025).

Medical facilities also reported a notable surge in cases of sexual violence, including cases involving children, correlating with the escalation of conflict. SWOs are likely to have a negative impact on survivors who – given the freezes or cuts in already overstretched services – are at heightened risk of not receiving timely survivor-centred health responses to gender-based violence (GBV), including services for mental health services and clinical management of rape (PHR 12/02/2025).

WASH

Figure 5. US contribution to WASH under the 2024 HNRP

WASH total allocation = USD 90.4 million



Source: OCHA (accessed 12/02/2025)

In 2024, the WASH sector received USD 55 million. If this funding is not restored or replaced by another source, the risks associated with insufficient access to safe water are expected to rise, including the increased spread of waterborne diseases (OCHA accessed 14/02/2025; OCHA 29/01/2025). By 2024, almost 65% of the DRC's population lacked basic access to water, 84% did not have basic access to sanitation, and almost 18% practised open defecation. Since the DRC Government only allocates 0.23% of the national budget to the WASH sector, the sector is highly dependent on humanitarian projects and other foreign aid from development pools (WB 10/06/2024).

The SWOs come at a time when the WASH sector is already severely stretched in conflict-affected areas. The hostilities have damaged several critical WASH facilities in Goma city, resulting in significant shortages of drinking water and compelling people to depend on water from Lake Kivu, heightening the risk of waterborne diseases (ICRC et al. 17/02/2025; AI 27/01/2025; HI 18/02/2025; OCHA 17/02/2025).

The IDP camps in North and South Kivu provinces frequently lack sufficient sanitation and menstrual health resources (Just Security 12/02/2025; TNA 13/02/2025). The lack of hygiene in displacement sites, particularly the absence of water and latrines, contributes to the prevalence of cholera in these areas (IFRC 24/02/2025).

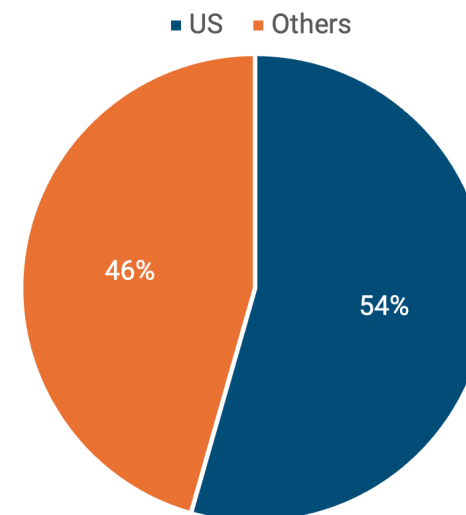
In 2024, there were nearly 32,000 reported cholera cases and 425 related fatalities in the country (WHO 28/01/2025). North Kivu, which also faces the impacts of active conflict, has been the most affected province in the DRC, with over 17,000 suspected cholera cases reported between 1 January and 30 November 2024 (UNICEF 18/12/2024).

Prolonged periods of heavy rainfall will heighten the risk of waterborne diseases in the coming months. The rainy season typically lasts from March–May and from October–December in North and South Kivu and Ituri provinces, while in Tanganyika province, it extends from December–March and from August–November (ACAPS accessed 08/03/2025). The situation is further aggravated by inadequate sewage infrastructure and limited access to water treatment, facilitating the spread of diseases.

Protection

Figure 6. US contribution to protection under the 2024 HNRP

Logistics total allocation = USD 22.6 million



Source: OCHA (accessed 12/02/2025)

Funding for protection (including child protection and GBV) from USAID in 2024 was around USD 35 million, comprising 37% of the total funding received by all responders to the protection sector in the DRC (OCHA accessed 14/02/2025). Organisations responding to protection needs with US funding were placed under the SWOs when USAID Bureau for Humanitarian Assistance funding was announced as suspended from 29 January, directly affecting protection service provision (OCHA 29/01/2025).

Without adequate funding, gaps in protection services are expected to increase, heightening existing protection concerns, particularly for women and girls facing high levels of GBV and displacement (Just Security 12/02/2025; UN Women 04/02/2025). The current situation around Goma indicates an alarming increase in incidents of rape and other forms of GBV (WHO 07/02/2025). Women and girls in IDP camps are at increased risk of sexual exploitation and violence by armed groups because of their proximity to the front line (Just Security 12/02/2025; TNA 13/02/2025; UNHCR 04/03/2025). By February 2025, it was estimated that more than 88,000 women and girls were at risk of GBV, while the number of unplanned pregnancies was expected to rise as health services had collapsed because of conflict and lack of funding

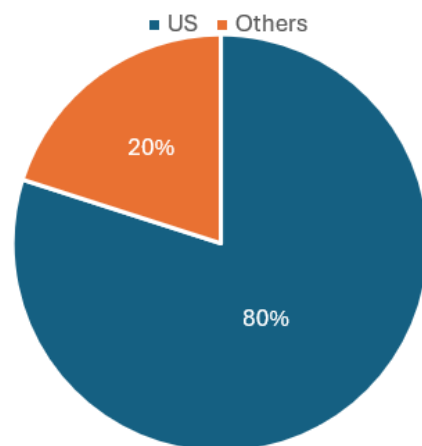
(UNFPA 12/02/2025). The funding freeze and active conflict impede access to the timely survivor-centred clinical management of rape and other GBV health response services (PHR 12/02/2025).

The SWOs, along with likely insecurity-related access restrictions, impede children's access to safe spaces and case management services, affecting a range of children – from unaccompanied and separated children to children associated with armed forces and groups (STC 27/01/2025; OHCHR 20/02/2025; UN 13/02/2025; SOS 31/01/2025). In some camps in North Kivu province, their imminent closure and staffing shortages caused by the US aid freeze put services such as child-friendly spaces for young survivors of sexual violence at risk (PHR 12/02/2025). If child protection services continue to be frozen or cut, this is likely to worsen the effects on affected children and hinder prevention efforts.

Shelter

Figure 7. US contribution to shelter under the 2024 HNRP

Shelter total allocation = USD 64.9 million



Source: OCHA (accessed 12/02/2025)

In 2024, the shelter and NFI sectors received USD 64.9 million, of which USD 51.8 million came from the US. By March 2025, USD 11 million had been disbursed (OCHA accessed 07/03/2025). By 10 March, there were 3.8 million IDPs in the eastern provinces of North and South Kivu alone (UNHCR 11/03/2025). There is no clear information on the number of active displacement sites because, since January, M23 has forced many people to leave IDP camps in Goma city (HRW 13/02/2025; UN 11/02/2025).

Shelter needs across the DRC are expected to rise because of displacement driven by both conflict and environmental hazards. By January 2025, an estimated 6.4 million people were internally displaced across the country, with their most urgent needs being safe shelter, healthcare, essential household items, and hygiene supplies, including menstrual hygiene kits (UNHCR 11/03/2025; Shelter Cluster 11/02/2025). It is expected that during 2025, four million people will need assistance with shelter and essential household items, requiring a budget of USD 131.8 million. Of the 141 health zones identified, 100 experience the impact of conflicts and natural hazards and are likely to require shelter assistance (GSC accessed 11/03/2025).

AGGRAVATING FACTORS

Conflict and displacement

Since the beginning of 2025, conflict in eastern DRC has escalated significantly, with M23 entering Goma city, the capital of North Kivu province, on 26 January. By 27 January, M23 had claimed operational control of the city amid heavy fighting with DRC forces (MSF 24/01/2025; VOA 27/01/2025; BBC 27/01/2025; DW 27/01/2025). The conflict has deeply affected communities because of associated executions, rape and sexual violence, forced recruitment, looting, and kidnappings, and it has consistently constrained people's access to healthcare, food, and other basic needs (IMC 18/02/2025; CFR accessed 26/02/2025).

The conflict is centralised in North Kivu's capital city, Goma, because it serves as an economic hub for the region and a key trade hub with Rwanda during normalised relations. Several Congolese and international businesses, NGOs, and media outlets also maintain offices in Goma (ACLEDD 29/01/2025). The conflict, coupled with the US funding freeze, is likely to increase protection, health, shelter, and food security needs. Consequently, a surge in displacement to other regions and neighbouring countries is expected.

Since 2022, the western province of Mai-Ndombe has registered an increase in clashes between the Teke and Yaka communities over land rights. Intercommunal violence in Kwango, Kwilu, and Mai-Ndombe provinces had displaced nearly 146,000 people by 24 October 2024, and it has recently created cross-border displacement towards the Republic of Congo (IOM 24/10/2024; Geopolitical Monitor 18/07/2024). This emergency has often been overlooked because

most of the operational presence was located in eastern DRC. By September 2024, there were 12 humanitarian groups responding to the needs of over 91,000 people in the provinces of Kwango, Kwilu, and Mai-Ndombe (OCHA 14/02/2025, 04/01/2025 a, 04/01/2025 b, and 04/01/2025 c). The funding cuts have also affected the provinces of Mai-Ndombe and Kasai, but they have received less international media coverage and attention (JAM 11/03/2025).

Environmental hazards

The DRC faces environmental hazards that aggravate the humanitarian crisis, especially in conflict-affected provinces. Without adequate humanitarian aid, communities will suffer further as conflict continues to limit their coping capacities. This is critical during the rainy season, which usually lasts from September–May and is marked by heavy rains and monsoons (WB accessed 13/02/2025; SADC accessed 13/02/2025). In January 2024, floods struck North Ubangi and Tshopo provinces, and from October–November 2024, the DRC experienced flooding and landslides in the eastern provinces of Ituri and South Kivu, affecting more than 100,000 people. During both events, USAID provided assistance to communities (US Embassy in the DRC 23/01/2025; USAID 30/12/2024).

The lack of urban planning and disaster management plans in most provinces worsens the effects of environmental hazards, making communities highly dependent on post-event responses (UNDP accessed 19/02/2025). Common hazards, such as erosion (47%), flooding (16%), and heavy rains (14%), affect agriculture and food security while the country is exposed to volcanic eruptions, earthquakes, and droughts (WB accessed 13/02/2025; IOM accessed 23/02/2025). The DRC scores 7.9/10 on the INFORM Climate Change Risk Index and 8.5/10 for lack of coping capacity, highlighting significant challenges in mitigating and adapting to climate change (EC accessed 17/02/2025).

Inflation

Food access is also affected by the depreciation of the Congolese franc, which devaluated by 5.86% relative to the US dollar between January 2024 and January 2025. This has also affected the rising cost of basic food items and is likely to affect food security (WFP accessed 25/02/2025; IFRC 30/10/2024). Price hikes for goods such as flour, beans, and oil have also ranged between 18–160% since 25 January. The soaring costs may force families to go without meals, putting hundreds of thousands at risk of hunger and malnutrition (ActionAid 03/02/2025).

Rising fuel costs and an insufficient network of agricultural feeder roads are also contributing to the increase in food prices (IFRC 24/02/2025). In the event of aid stoppages, previous recipients will most likely have to provide for their own needs, which inflation will make more difficult.

Cuts from other major donors

Alongside the USAID funding freeze, other major donors have also cut foreign aid, which could affect the aid situation across the globe. In late February 2025, the UK announced that the country would fund increased spending on defence by cutting its aid budget from roughly 0.5% of the gross national income to 0.3%. In 2024, France, Germany, and Switzerland also cut aid budgets (CH 05/03/2025; The Guardian 25/02/2025; SWI 07/02/2025; Devex 10/09/2024 and 27/09/2024).

Humanitarian access and operational constraints

Since the beginning of February 2025, most UN staff and other humanitarian personnel from eastern DRC have been evacuated or relocated. This is not only because of a lack of funding but also because of the deterioration of the security situation in eastern DRC (UN Geneva 11/02/2025). In the last couple of years – especially since the escalation of conflict in Goma in January 2025 – human rights defenders and journalists have faced persistent threats, forced disappearances, and summary executions (OCHA 17/02/2025; UN 11/02/2025).

By 11 March 2025, armed groups had taken control of the cities of Goma (North Kivu province) and Bukavu (South Kivu province). In late January, armed groups in Goma began installing their own administration and have since established their own police force and closed the airport, hampering aid delivery (Govt. UK accessed DD/MM/2025; Chimp Reports 06/02/2025; TNH 14/02/2025; DW 14/02/2025 and 26/02/2025).

After M23 seized Goma on 26 January 2025, people in Kinshasa have protested and attacked UN buildings in the Belgian, Dutch, French, Kenyan, Rwandan, Ugandan, and US embassies, demanding international action on the deterioration of the humanitarian situation in eastern DRC (Radio Okapi 28/01/2025; AJ 29/01/2025; AFP 13/02/2025; NYT 28/01/2025). The US Embassy in the DRC closed to the public on 28 January and advised US citizens to shelter in place amid protests, also suspending visa services for US citizens. This will affect US humanitarian workers' access to visas and documentation for travel to the DRC, as the embassy has suspended all visa interviews and routine consular services (US Embassy in the DRC 28/01/2025; AllAfrica 04/02/2025).

Although life-saving waivers have been announced for some humanitarian programmes in other countries, it is unclear whether any organisations in the DRC will benefit. There is a high risk that no waivers will be assigned, as some programmes expected to be covered have recently been suspended. Communication has been inconsistent, with organisations receiving conflicting information, and it seems unlikely that US funding will resume (JAM 11/03/2025; Devex 05/03/2025; Reuters 27/02/2025; HRW 10/02/2025).

The suspension of funding has forced humanitarian organisations to assist only those in critical condition, leaving many people in need without support, which raises credibility and accountability issues with communities (JAM 11/03/2025). Without funding, many humanitarian organisations that receive USAID funding will likely have to scale down their operations, at least until other funding alternatives step in (UN 31/01/2025; OHCHR 18/02/2025; AA 11/02/2025). Global operations have been particularly affected, subsequently affecting the coordination of national operations (JAM 11/03/2025).

Logistics and transportation funding has been affected, as air transport is essential in a country of the DRC's size. Reduced humanitarian presence in some areas is leading to fewer assessments, less data collection, and less programming. Neighbouring countries have also been affected by the funding cuts, with reduced support for social cohesion programmes, raising concerns about regional instability (JAM 11/03/2025).

OCHA coordinates the humanitarian response, and by 27 February, only 2.6% of the required funding for coordination during 2025 had been disbursed (OCHA accessed 27/02/2025). OCHA, coupled with the Government of the DRC, has released a letter alerting about the hard financial situation and how this could worsen in 2025 (OCHA 27/02/2025). By March 2025, there was uncertainty about what funds would be available for humanitarian response and data collection. International media does not widely cover the crisis in the DRC, and the humanitarian response depends on information gathering and analysis.