



DEMOCRATIC REPUBLIC OF THE CONGO COUNTRY REPORT

THE STATE OF THE HUMANITARIAN
SYSTEM 2026

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ABOUT DRC OBSERVATOIRE HUMANITAIRE

The DRC-HO is an advocacy network in the humanitarian sector initiated in October 2022 by the International Institute of Social Studies Erasmus University Rotterdam. It examines humanitarian governance in situ and proposes reforms when required in the context of the DRC. Involved actors meet periodically to discuss and reflect on pertinent humanitarian issues within their contexts. Since its formation, it has been actively engaged in advocacy related to acute domestic fires, flooding, the Ebola outbreak, massive displacement, and sexual and gender based violence.

ABOUT ALNAP

ALNAP (Active Learning Network for Accountability and Performance) is a global humanitarian learning network made up of over 100 NGOs, UN agencies, Red Cross/Crescent Movements members, donors, funders, networks, academics and think tanks. It exists to help the sector learn and improve, by drawing on shared experience to understand what is working, where challenges remain, and what needs to change.

This report is one of a series of country case studies in Afghanistan, the Democratic Republic of the Congo (DRC), Myanmar, Palestine, Poland and Ukraine, and Sudan to supplement **The State of the Humanitarian System 2026**. While distinct from the global SOHS report, these outputs draw on the same country-level data, with a specific focus on national findings. They are intended to inform national and regional audiences and stakeholders, and to contribute to context-specific discussions on the humanitarian system.

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Disclaimer: This report was wholly authored by our research partners. The contents, conclusions and recommendations contained herein reflect the opinion of the authors and their interpretation of the data collected in each country, not necessarily those of ALNAP.

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About ALNAP's State of the Humanitarian System report

Humanitarian action can be a lifeline to people experiencing the worst that conflict and disaster can inflict. For over a decade, ALNAP's **State of the Humanitarian System report (SOHS)** has provided a unique, evidence-based understanding of the system and how well it works for affected people. Based on a huge body of evidence including exclusive research with crisis-affected people and practitioners, SOHS addresses key questions about performance and effectiveness in areas such as hunger and mortality reduction, as well as giving a comprehensive picture of funding, resource flows, staffing and organisations. Consultations with people affected by crises were central to the research from the outset, and shaped the focus of the report.

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ACRONYMS

AFC/ M23	Alliance Fleuve Congo/Mouvement du 23 mars (River Congo Alliance/Movement of 23 March)
COHP	Coordination Opérationnelle Humanitaire Provinciale (Provincial Humanitarian Operational Coordination)
DRC	Democratic Republic of the Congo
FARDC	Forces Armées de la République Démocratique du Congo (Armed Forces of the Democratic Republic of the Congo)
HCT	Humanitarian Country Team
HRP	Humanitarian Response Plan
IDP	internally displaced persons
INGO	international non-governmental organisation
NNGO	national non-governmental organisation
PSEA	prevention of sexual exploitation and abuse
SOHS	The State of the Humanitarian System
UN	United Nations
USAID	United States Agency for International Development

EXECUTIVE SUMMARY

This country report for the Democratic Republic of the Congo (DRC) provides an evidence-based overview of the current international humanitarian system between 2022 and 2025 to supplement the global analysis in [The State of the Humanitarian System 2026 \(SOHS\)](#). It describes the country's humanitarian context and responses to ongoing crises; outlines the size, shape and performance of the humanitarian system; and highlights key findings from primary research in North and South Kivu, supplemented with secondary data including scholarly and grey literature. The country report offers a comprehensive picture of how the international humanitarian system, alongside other actors, operates in DRC and it assesses the system's effectiveness in meeting the needs of people affected by conflict and crises.

Our research indicates a mixed picture of the state of the humanitarian system in DRC, with several important challenges. Improvements include better delivery of aid in line with internationally recognised standards in more accessible areas, as well as greater preparedness and capacity among skilled staff to respond to the needs of populations affected by crisis. Humanitarian actors are also increasingly adapting their operational approaches to better support community needs. However, several structural challenges continue to hinder the effectiveness of the humanitarian system in DRC. The system remains heavily dominated by United Nations (UN) agencies and international organisations, who control funding, resources and agenda-setting processes, often to the detriment of local and national actors, as well as people affected by crisis. Other challenges include access, ensuring accountability to affected people, and widespread sexual abuse and exploitation.

The power imbalance between international and local actors – with international actors holding a near-monopoly over decision-making power – combined with limited government engagement, creates an environment in which humanitarian actors operate with excessive autonomy and a laissez-faire, hands-off approach. This situation is further reinforced by a lack of transparency, weak accountability mechanisms, political influence and insufficient action to address other forms of misconduct. There remains limited progress on localisation, and practices such as gatekeeping continue to negatively affect adherence to humanitarian principles. In this context, some aid workers exploit these systemic weaknesses to engage in corrupt practices, diversion of humanitarian assistance and other forms of misconduct, including sexual exploitation and abuse and other practices that undermine the dignity of aid recipients.

Corruption and aid diversion take many forms and represent some of the most critical setbacks in the humanitarian system in eastern DRC. They are both structural and systemic, sometimes involving well-organised networks and actors who are supposed to prevent and combat these excesses. Together, these challenges undermine the effectiveness of humanitarian interventions and erode the sector's overall credibility and trustworthiness.

Organisations have adapted through local partnerships and by modifying modalities, but assistance has not met needs. Prioritisation has focused narrowly on survival, leaving critical sectors such as protection and psychosocial support underserved.

At the household level, aid has been inconsistent and poorly adapted to prolonged displacement, with uneven targeting and the exclusion of vulnerable groups. Consequently, trust has declined, resource competition has increased and social tensions have grown.

Recommendations

Decision-makers, humanitarian stakeholders and practitioners need to promote good practices of humanitarian assistance. This includes:

- developing mechanisms that promote transparency and social accountability in all steps of assistance, including verification mechanisms that specifically target local chiefs and aid camps in coordination with aid frontline staff
- promoting protection and dignity, including preventing and combating sexual exploitation and abuse
- working to shift decision-making power to national and local humanitarian actors, as well as para-humanitarian stakeholders
- proactive preparedness for epidemics and outbreaks
- prioritising services in collaboration with local communities, where replacement funds cannot be secured.

1. INTRODUCTION AND CRISIS CONTEXT

This country report supplements the 2026 SOHS, contributing context-specific insights into the humanitarian landscape in (eastern) DRC that can also inform broader discussions around humanitarian action around the world. The research was designed to include the perspectives and lived experiences of both Congolese people affected by crisis, as well as humanitarian and para-humanitarian actors and stakeholders. Our aim is to contribute to the broader objectives of assessing needs and performance and to highlight the ways that the humanitarian system is adapting in the context of DRC.

1.1 The crisis context

DRC, the second largest country in central sub-Saharan Africa, has endured over two decades of devastating conflict involving numerous armed groups. This protracted instability has fuelled alarming levels of gender-based violence, both as a tactic of war and also as abuse perpetrated by actors within the aid system in DRC (Lusambya, 2024). This is set against a backdrop of a staggering humanitarian crisis, with over 6.97 million internally displaced persons (IDPs) recorded across the country in September 2024 (UNHCR 2024) – one of the highest displacement figures globally. This is compounded by widespread poverty, with 64% of the estimated 113.6 million population living on less than US\$2.15 a day (FSIN 2023). Consequently, in February 2025, the Office of the Humanitarian Coordinator in DRC launched a Humanitarian Response Plan (HRP) requiring US\$2.54 billion to address the urgent needs of 11 million people. In all, 21.2 million Congolese people are affected by the convergence of armed conflict, disasters and recurring epidemics (UN News, 2025).



This conflict is causing massive displacement, huge refugee flows and significant loss of life.

The humanitarian situation in DRC is exacerbated by the ongoing conflict involving the Congolese Army (Forces Armées de la République Démocratique du Congo, FARDC) supported by the Wazalendo (a reserve armed group affiliated with the Army), and the Rwanda-backed Alliance Fleuve Congo (AFC)¹ and M23 (March 23 Movement) coalition. This conflict is causing massive displacement; huge refugee flows and significant loss of life. Fighting around

1 The AFC/M23 rebellion movement fights against the Congolese State and its army (FARDC). Fighting resumed in 2022 and has controlled large spaces of North Kivu and South Kivu.

Goma in January 2025 involving heavy weaponry in populated areas resulted in nearly 3,000 casualties, including many children (IMA World Health 2025). In Ituri and North Kivu, regular Allied Democratic Force (ADF) attacks continue to severely undermine human rights, with widespread abuses against civilians. Critically, the 2025 HRP was hugely underfunded at only 8.2%, severely limiting response capacity (Peace Direct 2019).

This research specifically focused on the humanitarian crises stemming from the ongoing conflict in North and South Kivu, particularly the massive displacement around Goma (North Kivu) and Bukavu due to the fighting between the FARDC (allied to Wazalendo) and the AFC/M23 coalition (backed by Rwandan forces). Goma currently hosts around 615,000 IDPs in camps around the city (IOM, 2025). The research also examined the humanitarian consequences of the displacement caused by the Kalehe flooding crisis in May and June 2023.

Notably, this research unfolded against the backdrop of ongoing peace negotiations between belligerent parties in Doha, Qatar, and in Washington DC, United States. It was unclear if these negotiations would yield progress and lead to a visible return of government control and improved security in North and South Kivu during the research period. Being aware of the security challenges, particularly in areas outside the main cities, the initial research phase prioritised conducting key informant interviews (KIs) and focus group discussions (FGDs) within safer urban peripheries, adhering to strict security protocols. This adaptive approach allowed for data collection while closely monitoring the evolving security landscape and potential improvements resulting from the Doha and Washington talks. These talks resulted in a peace agreement being signed between DRC and Rwanda in December 2025, though there was widescale evidence of violence continuing in eastern DRC despite this agreement (Al Jazeera 2025). The research team only observed incremental change in eastern DRC in early 2026.

1.2 Responses to current crises and humanitarian presence

Even before the capture of Goma in January 2025 and of Bukavu in February 2025 by the AFC/M23 coalition, humanitarian coordination in both cities was already critical. For instance, a representative of a non-governmental organisation (NGO) in Goma reported that some local organisations were unable to access the cluster coordination systems, resulting in poor coordination efforts (Biferd, 2025). Operations by humanitarian actors and the UN Office for the Coordination of Humanitarian Affairs (OCHA) both in Goma and Bukavu were still affected by the presence of M23 forces, following the rebels' occupation in January and February 2025 (OCHA, 2026a). However, some interviews and reports (Biferd, 2025) indicated that humanitarian coordination mechanisms were resuming operations.

The 2025 HRP corresponds to the context of both ongoing conflicts, though several interviews indicated that humanitarian actors prefer to operate in zones under the control of the Congolese Government. In addition, funding cuts by the United States Agency for International Development (USAID) at the beginning of 2025 sharply reduced humanitarian assistance in the region, leading to a 53% shortfall in the 2026 coordinated response plan for DRC.

2. METHODOLOGY, SCOPE AND LIMITATIONS

The DRC research team consisted of one country team leader, one deputy team leader, two research assistants in North Kivu and three research assistants in South Kivu. The sample constituted KIs with 20 individuals and five FGDs with a total of 30 participants (see Annex 1). Each participant provided their written or oral consent before participating in a KI or FGD, which were conducted in French, Kiswahili or a combination of both. Interviews and FGDs were recorded, anonymised and sent to a team of two transcribers who also translated the transcripts into English.

FGDs were conducted with people affected by conflict and KIs were conducted with women leaders, local chiefs, religious leaders, representatives of government, national NGOs (NNGOs), international NGOs (INGOs), international agencies and UN agencies operating both in the North Kivu and the South Kivu provinces. For each category of informant, we used interview guides or protocols with slightly different questions depending on each group (see Annex 2).

To maintain anonymity, we coded the names of research assistants, plus the names of study participants, their organisations and positions. The team coded all interviews in MAXQDA data analysis software, following existing codes derived from the overall SOHS research matrix (see [here](#)). We created new codes or sub codes for themes that did not have pre-existing codes in the software. From MAXQDA, we were able to compile an in-country research findings matrix to highlight key findings, narrative examples with transcript references, and related quotes with transcript references. Some contradictory evidence was found. As well as using pseudonyms, we put in place measures to manage ethical considerations, and we secured ethical clearance from the ODI Global Research Ethics Committee.

Limitations are twofold. The study is essentially qualitative rather than quantitative, and so it can only provide a textured 'snapshot' of the experiences of people interviewed. In addition, we collected data only in the North Kivu and the South Kivu provinces as access to Ituri province, and other parts of the country, was challenging because of the ongoing war. In addition, humanitarian crises have been mostly located in eastern DRC, and so the two provinces are a major hub for humanitarian organisations negotiating the outcomes of humanitarian aid in DRC. This also makes North Kivu and South Kivu key provinces for understanding and analysing the governance of humanitarian action in DRC.

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Credit: DRC Observatoire Humanitaire

3. THE SIZE, SHAPE AND PERFORMANCE OF THE HUMANITARIAN SYSTEM

3.1 The architecture of the system

The humanitarian system in DRC comprises a range of stakeholders including communities affected by crisis, local and national organisations, UN agencies and international organisations, Congolese state service providers, faith-based organisations and the private sector. The combination of actors present, and the mechanisms through which they are governed, differs at the national, regional, provincial and local levels. Interaction among these actors remains complex and fragmented.

At the national level, the system includes a Humanitarian Country Team (HCT), led by the Humanitarian Coordinator who is appointed by the UN Secretary-General. The coordinator works with a management team composed of five members: one representative from UN agencies, one from INGOs, one from local NGOs, one from the International Committee of the Red Cross (ICRC) and the International Red Cross and Red Crescent Movement, and one from donors. The HCT office engages with the Emergency Relief Coordinator (ERC), the chief of the international humanitarian system and OCHA.

At the regional level, humanitarian action is carried out through eight clusters, coordinated by the HCT. The HCT collaborates with the government at the national level through the National Humanitarian Coordination Framework (CNCH), which aims to ensure synergy of efforts for the effective implementation of humanitarian action in DRC.

At the provincial level, there are Provincial Humanitarian Operational Coordination units (COHPs). Their members include all heads of UN agencies, five representatives of local NGOs, two donor representatives and occasionally other relevant NGOs invited for specific purposes. COHPs guide humanitarian operations coordinated by the UN in DRC. COHPs report directly to the HCT through the Support Hub (PDS), an intermediate structure between the national and provincial levels. Although there are cluster representations at the provincial level and some of their members participate in COHP meetings, COHPs report directly to the national clusters, which



then communicate information to the HCT. There is also a Provincial Humanitarian Coordination Framework (CPCH), which ensures cooperation between the government and other humanitarian actors at the provincial level. However, these frameworks are currently operational only in the provinces affected by conflict, notably South Kivu, North Kivu, Ituri, Tanganyika and Kasai.

At the local level, there are liaison offices (*bureaux relais*) responsible for coordinating humanitarian action on the ground. These offices collaborate with the government's humanitarian offices (*antenne*). As is the case at the provincial level, both the liaison offices and the government's humanitarian offices are operational only in territories and provinces affected by crisis. Provinces that are not considered affected do not have such offices or any contingency plans, such as around the capital city.

After the occupation of Goma and Bukavu by the M23, the government lost control over these structures, with M23 installing its own local administrators (RFI 2025). These mechanisms are now de facto overseen by M23 authorities, who grant humanitarian access, ensure security and authorise movement in the field (Ndomba 2025; Vogel 2025) with the recent resurgence of the March 23 Movement (M23). This situation creates tensions for humanitarian actors, who are required to maintain neutrality and independence while avoiding any perception of political recognition of the M23 – even as they continue life-saving operations and engage with the government in Kinshasa, the only authority empowered to grant organisations legal status (Kahasha 2026; United Nations 2025).



Humanitarian organisations thus find themselves dependent on two competing authorities that do not cooperate with one another, while also facing a dilemma between protecting their reputation and fulfilling their life-saving mandate.

Interviews with local aid providers revealed that some international actors have withdrawn from the area to territories under government control while continuing operations through local NGOs (see also MSF, 2026). Others continue to implement activities directly despite the challenging context. Engagement with local leaders also poses difficulties, as some have been replaced by rebel-appointed authorities (Amanya 2025). Humanitarian organisations thus find themselves dependent on two competing authorities that do not cooperate with one another, while also facing a dilemma between protecting their reputation and fulfilling their life-saving mandate.

These actors negotiate humanitarian access; they provide medical support, water, food and non-food items; and they contribute to ensuring education to communities affected by crisis (CICR 2019; James 2022). A wider range of local and informal actors also intervene directly or indirectly in the humanitarian arena. These include private-sector entities such as telecommunications service providers, traders, transportation companies and government security forces. While they are not represented in formal structures, they occupy a significant position in responding to

crises by supporting other humanitarian actors in the formal system. Telecommunications service providers facilitate communication and cash transfers, enabling organisations to transfer money to their clients and communities. They also shape the humanitarian ecosystem by disseminating information and ensuring security to humanitarian actors. Local churches and other community institutions host IDPs and some even assist them with food and non-food items.

Although people often perceive armed groups as sources of human rights violations, they sometimes play a role in humanitarian action. Most of these groups emerged from a desire to provide security for their ethnic groups (Peace Direct 2019). The presence of many unconventional or non-traditional humanitarian actors in DRC illustrates the dynamics of the humanitarian landscape in the country. It also complicates the implementation of humanitarian programmes due to poor coordination, which sometimes leads to duplication of effort in some regions and to inequitable resource allocation in others.

3.2 The humanitarian caseload

The scale of needs for people affected by crisis in eastern DRC is impacted both by geographical factors and differing needs between population groups. Firstly, geographic priority zones for humanitarian aid remain largely in eastern DRC, as described previously. In some areas, education and health are severely affected, while cash programming is non-existent (MSF 2025). In most provinces, aid remains insufficient in responding to people's needs.

Alongside crises produced by conflict, communities also bear the impact of floods caused by torrential rains, and epidemics such as COVID-19 and Monkey Pox (Mpox) (IFRC 2024; Kyamusugulwa et al. 2025). The humanitarian system has also still been working to alleviate two dominant crises that occurred in 2021: massive displacement because of the volcano eruption in Goma (Mount Nyiragongo, which erupted in May 2021) and the Burundian refugees' displacement in Fizi territory in South Kivu in the Lusenda camp, which began in 2015 and is ongoing (Al Jazeera, 2026).

People affected by crisis expressed and presented diverse types of needs ranging from household essential articles to health, education, security, relocation and house reconstruction, and water, sanitation and hygiene (WASH) needs.

'There is a need of humanitarian intervention due to massive displacements of populations who got away from their land, lose their cattle and household goods. In addition, the overall education system is also affected; people are torn apart. There is no instructor to teach as people flee away from schools and other educational facilities.'

Private sector provider, Goma

International organisations and UN agencies have mobilised significant efforts over

the past two years to deliver aid in both North Kivu and South Kivu. However, two external factors have slowed or even halted aid distribution in several highneed areas: the ongoing conflict and the reduction in USAID funding in early 2025. As a result, the most isolated areas and zones experiencing intense hostilities have been disproportionately affected and remain severely underserved.



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Under these conditions, the first group of aid providers that people reported that they turned to were mainly informal or communitybased safety nets, including churches and host families. After these actors, communities typically relied on larger structures such as NNGOs supported by international organisations, including UN agencies, and, to some extent, the government and churchfunded institutions. However, despite their widespread presence, the assistance provided by these local and informal actors has remained largely insufficient compared with the scale of needs and the resources mobilised by major international agencies (UNOCHA 2026). Because of

the huge cuts in humanitarian funding caused by the collapse of USAID, a government official interviewed in Bukavu said that several local and private organisations in eastern DRC operate in consortia with other sources of funding, including from European countries. The disappearance of USAID has caused serious shortfalls in humanitarian programming:

'Without USAID or Oxfam interventions, local private associations try to help – but they have limited means ... Nevertheless, some organisations are making efforts to gather food and non-food items from generous individuals (such as soap, clothing, basins, or shoes).'

CSO representative, Bukavu

Although national actors funded by UN agencies and international organisations play an important role in delivering aid, their limited resources hinder them from fully meeting the needs of people affected by crisis. In this context of insufficient assistance and weak monitoring of recipient lists across different camps, many IDPs move from one camp to another around Goma in North Kivu in search of support for their multiple unmet needs. Aid provided by humanitarian organisations includes food assistance and also nonfood items such as tarpaulins, kitchen utensils and clothing, as well as support for education through teacher training and the construction or rehabilitation of schools in targeted areas of eastern DRC. These interventions help address the diverse needs of the population.

The sudden funding gap early in 2025 severely undermined the financial stability of the humanitarian response in the DRC. As alternative funding proved largely insufficient, humanitarian actors were forced to prioritise narrowly,



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limiting aid delivery and abandoning broader needs to focus scarce resources solely on the most critical vulnerabilities, such as sexual and reproductive health and nutrition among returning populations, and support for people living with disabilities (KII with government official in Bukavu, 26 November 2025; see also MSF, 2026).

'Some organisations were prioritising the key challenges affecting people, for instance in health, education, WASH, and so on, so that they could access the funding. Sometimes they tend to ignore other sectors, which appear to be less significant.'

Representative of youth-focused organisation, Goma

Reduced funding has also compelled some humanitarian organisations to prioritise operational efficiency, with the 2026 HRP for DRC being only 53% funded (OCHA FTS, 2026). KIIs with CSO, NGO and government representatives revealed that some of these decisions have been based on accessibility and donor preferences. As one participant from a CSO in Goma said: 'those organisations are allocated to the most accessible areas with limited financial resources. The budget cuts have also resulted in the withdrawal of some aid organisations and significant negative socioeconomic impacts, evidenced by increased unemployment and financial crises in households dependent on the aid economy (KII with Prevention of Sexual Exploitation and Abuse (PSEA) Coordination staff in Goma, 26 November 2025).

3.3 Humanitarian performance

The humanitarian system has demonstrated progress in several areas, though there is high regional variation, with areas that are most accessible having seen comparatively better humanitarian performance. In many accessible locations, humanitarian actors have distributed assistance using targeting criteria developed by UN agencies and international organisations (FGD, Mugunga, Goma; KII, women's representative, Bukavu; FGD, Don Bosco, Goma; FGD, Kavumu, Bukavu). In these areas, including IDP camps around Goma and zones accessible from Bukavu, some organisations have delivered aid in a relatively effective and efficient manner. For instance, they combined cash and food assistance, enabling more tailored responses to the specific needs of households.

'Another thing that made our aid efficient and effective is that, in addition to the food assistance, our recipients also received some money, which helped them respond to other needs that could otherwise have led them to sell the food we provided.'

NNGO representative, Goma

In response to emerging crises such as the Mpox epidemic, the UN Children's Fund (UNICEF) and the World Health Organization (WHO) adapted operational plans. These plans included vaccination campaigns and the construction of temporary clinics, thereby addressing the evolving health needs of populations affected by crisis (UNHCR 2026).

In the context of USAID funding cuts, UN agencies and international organisations such as the United Kingdom's Foreign, Commonwealth and Development Office (FCDO), Swiss Development Cooperation (SDC) and Expertise France attempted to fill the gap through joint humanitarian action plans. However, despite their contributions, overall funding remains far below what is required, especially for sectors such as the Mpox response (OCHA FTS, 2026).

'The one still operating are those which are not funded by USAID. For example, the German government funds some NGOs [in the Goma area].'

Private sector actor, Goma

'As the Provincial Health Division, we cannot combat this epidemic on our own. We require resources to operate these pillars, and we obtain these resources from various partners. We received support from UNICEF, which finances 10 health zones through funding from FCDO ... whilst another 10 health zones were supported thanks to funding from Swiss Cooperation.'

Representative of Congolese Government Ministry of Health focal point, Bukavu

Despite these improvements, however, the humanitarian system still faces several challenges in critical areas:

1. **Operational delays and access constraints:** Due to insecurity and geographical isolation, humanitarian actors have frequently been unable to deliver assistance on time. For example, international humanitarian organisations were unable to utilise air links in North and South Kivu (Staff 2026), with local organisations also unable to access some road shipments (WHO 2025). These delays have directly undermined the effectiveness of aid, especially in volatile zones where needs are most acute.

'When a case is detected in a health area, we immediately inform the Chief Medical Officer of the health zone. This can happen within a single day, or at most within 48 hours. What may take time is the delivery of interventions, which can be delayed due to the current security context.'

Participant, Bukavu

2. **Weak local coordination:** Several FGD participants in Goma and Bukavu highlighted that coordination relying primarily on local chiefs or camp leaders has created significant barriers to equitable aid delivery. When actors rely on these gatekeepers without adequate verification, issues such as exclusion errors, favouritism and corruption become widespread. They also highlighted that many people living in IDP camps did not appear on recipient lists, despite living in the camp for several months.
3. **Risks of corruption:** FGD participants and previous research by Lusambya (2024) reported camp leaders demanding sexual favours or bribes in exchange for being added to



Delays have directly undermined the effectiveness of aid, especially in volatile zones where needs are most acute.

recipient lists in some areas, which is an outcome of insufficient oversight and accountability mechanisms. FGD participants and a local leader also believed that the narrow selection of representatives and exclusion of wider community stakeholders (eg, civil society, security actors) reinforces local power hierarchies and increases the risks of manipulation.

- 4. Inadequate needs assessments:** Insufficient or poorly executed needs assessments have resulted in mismatches between aid provided and the actual priorities of communities (Biferd, 2025).

'Some organisations provided aid without conducting proper needs assessments; other distributed food instead of cash, while others provided poor-quality beans that were time-consuming to cook and distributed them without any means for cooking. In some cases, seeds were given to people who had no land.'

Women's representative, Kavumu

FGD participants also mentioned that, in several areas, people resorted to exchanging the assistance they received for items that better met their needs. This revealed gaps in the relevance, quality and contextualisation of the assistance provided.

5. Rigid targeting criteria creating new vulnerabilities:

Some predefined targeting criteria, such as prioritising the elderly, persons living with disabilities or pregnant women, have inadvertently excluded other groups in urgent need, including youth and other vulnerable individuals (Hilhorst, 2022). A dedicated approach for highly vulnerable groups (such as elderly persons, albino communities and Pygmy populations) remains necessary but should not come at the expense of broader inclusion.



The narrow selection of representatives and exclusion of wider community stakeholders ... reinforces local power hierarchies and increases the risks of manipulation.

'Humanitarian actors use criteria to better target those most in need. However, in some contexts, such categorisation can be somewhat discriminatory and create inequalities. At the same time, attention should still be given to the most vulnerable.'

FGD participant, Mugunga



4. POWER IMBALANCE AND ACCOUNTABILITY IN PRACTICE IN DRC

4.1 Power, corruption and gatekeeping

Power imbalances, diversion of funds, corruption, fraud and mismanagement of humanitarian resources constitute major challenges to humanitarian action in DRC. This finding, highlighted by Barbelet et al (2019), was also a dominant viewpoint expressed by people affected by crisis and by local and international aid workers we consulted.

Humanitarian response in DRC relies largely on UN agencies and INGOs, which in turn reinforces their power in the decision-making process (FAO 2023; OCHA 2025). They are the ones making funding-allocation decisions, leading clusters and setting priorities, as became clear through discussions with representatives from local organisations. Due to the ongoing conflict, and the distance between eastern DRC and the national capital, the Congolese Government is often not present in coordination meetings, aside from those involving public health measures (for

example during the Mpox outbreak, as per our interviews with Congolese Ministry of Health focal points). It does not effectively coordinate or provide guidance to humanitarian organisations and UN agencies. As a result, the UN coordinates and plans most assistance in place of the government, which significantly reduces state authority in this area, according to one government official in South Kivu.



Clientelism is evident in the selection of local partners implementing projects.

This dynamic reinforces the power imbalance in favour of UN agencies and international organisations, as many public services are provided by INGOs and they decide on funding allocations. KIs with representatives of NNGOs, INGOs and

local authorities revealed a strong perception that UN agencies and international organisations do not fully honour their commitments in many cases, as there is little pressure to do so due to the government's inability to access various resources. They thus operate in an environment of limited accountability, with many cases of misuse of funding and clientelism.

FGD participants indicated that misuse of aid often takes the form of humanitarian actors diverting assistance. Some organisational staff purportedly collaborate with local leaders to inflate beneficiary lists or include fictitious names. After distribution, the aid allocated to these fictitious beneficiaries is then shared among those involved. In other cases, clientelism is evident in the selection of local partners implementing projects in collaboration with international organisations or UN agencies (Biferd, 2025).

In some cases, poor participation of local representatives in humanitarian governance reduces their influence in decision-making on aid delivery. A local leader in Goma stated: 'Local leaders do not influence decision-making in the humanitarian sector'. This practice reduces the effectiveness of interventions, as they often fail to adequately address the needs of populations affected by crisis. It also limits the influence of local actors in shaping and implementing humanitarian action.

'Yes, let me talk of what we have been observing regarding maize flour and beans distribution. Some partners used to bring spoiled beans and expired maize flour. Then the affected population had no choice than receiving them. Some used to distribute farming seeds, which will not produce anything. People complained to OCHA and various partners.'

INGO representative, Goma

However, some established accountability mechanisms demonstrate effective feedback systems that translate the inputs of people affected by crisis into tangible operational changes.

'Nowadays, during distributions, elderly people, pregnant women, and persons with disabilities have their own queue. That is already a response to our complaint.'

FGD participant, Don Bosco, Goma

Although measures such as adapting distribution queues have been introduced, in many cases these mechanisms do not enable communities affected by crisis to report complaints effectively, particularly when they are not well known, trusted or adapted to the local context.

'Many beneficiaries do not report their complaints because they fear that their information might be shared with authorities, leading to adverse effects, including exclusion from aid provision. Others do not report because they are not well informed about accountability mechanisms.'

FGD participant, Bukavu

The implication of police and local authorities in corruption cases, as well as the perceived impunity enjoyed by individuals involved in such practices, are also major challenges (Rahmé and Researcher 2022).

According to an interview with a representative of a women's local organisation in Kavumu, corruption manifests through friendship and brotherhood relationships



Corruption manifests through friendship and brotherhood relationships with people working in international agencies.

with people working in international agencies. This phenomenon is also documented in the literature (see Henze et al, (2020). The perceived manipulation of recipient lists of people affected by crisis was also mentioned during the FGD in Goma. Moreover, corruption is also said to manifest through the reduction of agreed amounts allocated for work, which people have to accept to keep their job.

'You agreed to be given \$15 per day of work, you were only receiving \$10 and that was happening to all members who conducted the campaign.'

FGD participant, Kavumu

FGD participants in Mugunga and a local authority also said that people sometimes accept bribes to include individuals on recipient lists, even if they are not affected by crisis, because they are friends or relatives of local actors.

Access to aid is structurally impeded by the system's failure to enforce accountability over local gatekeepers, who systematically divert resources through corrupt practices. The reliance on local power structures forces some vulnerable people to pay bribes or provide favours to get access to basic assistance. Understanding local power dynamics is therefore crucial, as existing structures can divert aid for personal gain in collaboration with some aid workers. In some cases, this has even resulted in violence against humanitarian workers.

'There are many instances where communities, especially IDPs, were turning against aid workers ...'

'The key cause of those attacks used to start when a beneficiary's name does not appear on the list, and they were amongst those who were identified and registered.'

'... and after those complaints, they used to respond back by saying "we aren't [the World Food Programme]". And that's when they could be fought.'

FGD participants, Kanyaruchinya, Goma

The humanitarian sector's performance is also threatened by armed group control measures, interference by local leaders and armed groups, and targeted attacks against humanitarian actors. For example, government forces and armed groups set up roadblocks to control the movement of humanitarian personnel. These checkpoints are sometimes accompanied by intimidation and extortion (OCHA 2026). They sometimes force organisations to pay to access operational areas (Altare et al. 2021). In many rebel-controlled areas of North Kivu and South Kivu, where the government has lost control or has limited authority, the influence of armed groups prevails over humanitarian principles, and aid delivery depends largely on armed group willingness to collaborate. In this sense, humanitarian principles – particularly of neutrality and independence – are compromised due to these political and military influences.



The influence of armed groups prevails over humanitarian principles, and aid delivery depends largely on armed group willingness to collaborate.

'Some local authorities even forced us to provide aid in one zone while neglecting another. Sometimes we were denied authorisation to intervene in certain areas if we did not comply. For example, in Kirotshe, the authorities refused to sign our documents unless we intervened in the Rutshuru zone, even though the project was planned for Kirotshe.'

INGO staff member

'I have an example. A member of an armed group who was at the distribution site, requested for something from the aid, he was not on the list, so you can imagine you as humanitarian actor (laugh!), guns are there, what can you do? Considering that, as a humanitarian we hold the responsibility to protect lives of staffs and beneficiaries.'

NNGO representative

Participants also mentioned that local authorities and armed groups frequently impose conditions on humanitarian actors.

'When our city was still surrounded by Wazalendo, at some point they were interfering when medical equipment was being transported to rural areas. We had to consult their leaders, and to promise that their families will be prioritised during treatment, in order to advocate for those kits to be transported and allow free operation in those areas.'

Local Chief, Goma

All of these practices undermine trust between aid providers and communities affected by crisis and they also undermine aid effectiveness. They reduce the effectiveness of interventions on the ground and tarnish the humanitarian sector's reputation.

4.2 The breakdown of accountability and dignity

Concerns related to corruption, fraud and impunity persist in DRC. However, participants highlighted that such abuses, as well as other forms of misuse of humanitarian funding, are rarely reported. When they are reported, often this does not lead to satisfactory outcomes.

'In some contexts, community members are able to denounce lack of accountability with the State system. However, there are still risks of reprisal for those who denounce whenever occasions open up in favour of state actors. In a number of cases, there is no change when community members are powerless or cannot have support in the State hierarchy line or from aid organisations.'

Women's representative, Kavumu

The low reporting rate is also attributed to limited awareness among populations affected by crisis, lack of trust and insufficient adaptation of existing accountability mechanisms to local realities (KII with PSEA coordination staff in Goma; FGD in Bukavu). These findings suggest that accountability mechanisms within the humanitarian sector in DRC still face important challenges. While most international humanitarian actors interviewed for this research reported having established accountability mechanisms to enable communities to understand their activities, provide feedback on the quality of interventions and report complaints, these

mechanisms remain underutilised and poorly managed. This includes reporting hotlines with instructions in English rather than a local language, suggestion boxes remaining unchecked for several months at a time, and retaliation against those reporting incidents of sexual exploitation and abuse (Lusambya, 2024).



Interaction between populations affected by crisis and aid providers remains limited, and reporting and complaint rates are low. This contributes to the persistence of misconduct in the negotiation and delivery of aid in DRC.

INGO interventions were often perceived by FGD participants as foreign to the local context because they have been implemented without meaningful consultation with populations affected by crisis. Communities are rarely, if ever, adequately informed about how these mechanisms function or what their purpose is. As a result, the level of interaction between populations affected by crisis and aid providers remains limited, and reporting and complaint rates are low. This contributes to the persistence of misconduct in the negotiation and delivery of aid in DRC, including violations of dignity, misuse of aid, diversion of resources, clientelism, and sexual abuse and exploitation (Bifred, 2025; Lusambya 2024). Such practices

continue to manifest in various forms even though they are prohibited under international humanitarian law and various standards, guidelines, codes of conduct and the ethical principles of humanitarian actors. This undermines the effectiveness and credibility of humanitarian action on the ground.

4.3 PSEA in eastern DRC and its relationship to humanitarian aid

Closely related to a lack of accountability to affected populations is the continuing prevalence of PSEA in eastern DRC.

'Before the implementation of PSEA coordination in 2022, the reporting rate was 0.8%, suggesting a dysfunctional system rather than a lack of cases. With the establishment of the coordination mechanism, however, the reporting rate increased to 145%.'

PSEA coordination staff, Goma

While the significant increase in reported cases led to the development of a new PSEA Plan for 2024 and 2025 (PSEA Network DRC 2025), the USAID funding cuts have since affected PSEA coordination activities in DRC.

'The funding cuts resulted in an 80% drop in capacity and all five regional sub-coordination and 26 sub-networks were closed at the beginning of 2026.'

PSEA coordination staff member, Goma

The PSEA Coordinator position was affected, as it is no longer permanent, therefore interviewees questioned the validity and longevity of PSEA efforts. In addition, the five regional coordination networks and all sub-networks closed, meaning regular meetings and trainings were cancelled. Although well-trained personnel are available, they cannot operate without funding. Funding cuts, plus the reduction in PSEA Coordination positions and related activities, have dealt a serious blow to an initiative that had just emerged in DRC. They dashed hopes of strengthening PSEA support and services, not only in DRC but also globally. According to PSEA-focused staff in Goma, the coordination mechanism in DRC had been, until then, the only one with a well-structured coordination strategy and a collaborative strategic plan between humanitarian organisations. The prospects for effective implementation remain limited now, which could result in significant negative consequences in the future.



Dignity is structurally compromised in service delivery due to the persistence of abusive power dynamics.

Dignity is structurally compromised in service delivery due to the persistence of abusive power dynamics. For instance, FGD participants in Mugunga reported that some frontline staff committed physical and psychological violations (such as verbal abuse or denial of shelter or basic security). This highlights a critical gap between high-level policies and their implementation in practice. Humanitarian actors sometimes use recipient verification methods that undermine dignity and safety too. For example, cases were reported of IDP verification conducted in camps at night or early in the morning, which was perceived as prioritising administrative accountability over people's dignity and security. While such strategies may help prevent the inclusion of ineligible individuals, they may be interpreted as going against the principles of 'do no harm' and respect for individuals' dignity. Additionally, aid recipients perceived the challenges they face in accessing aid – including the injustices, the effort required and the hardships endured – as factors that negatively affect their sense of dignity.

4.4 Localisation as an unfulfilled or stalled transformation

Since the Grand Bargain and the signing of commitments for the localisation of aid, some humanitarian organisations operating in DRC have expressed their intention to make their commitments effective on the ground (Karume and Muke 2024). Actors have mobilised efforts and resources to advance the localisation agenda, while some funding programmes have revised their policies to comply with these commitments. This is the case for the Humanitarian Fund/Country-Based Pooled Fund (CBPF), whose funding allocated directly to local and national actors increased from 23% in 2019 to 46% in



The reality on the ground shows that many UN agencies and international organisations remain reluctant to transfer power and resources to local actors.

2022 (Development Initiatives 2023). Actors from UN agencies and INGOs organised several training sessions to strengthen the capacities of local actors. And the number of local NGO representatives in humanitarian coordination was to increase: from two to five in the HCT and two per province affected by crisis (Karume and Muke 2024).

However, despite these efforts, localisation remains largely a rhetorical commitment for most international agencies and NGOs. The reality on the ground shows that many UN agencies and international organisations remain reluctant to transfer power and resources to local actors. Local organisations and local authorities reported stringent reporting and earmarking procedures, and being shut out of decision-making structures (see also Desrosiers and Swedlund, (2025). In terms of funding, very few organisations and programmes have revised their policies around pooled funds or lump sum grants to local partners. Although some programmes

such as the DRC Humanitarian Fund reached 53% allocation to local organisations (OCHA, 2023), when combining all direct and indirect funding for local and national actors, only around 2.1% of humanitarian aid in the DRC reaches local actors (UNOCHA 2025).



Projects and funds belong to the international organisations, which employ local NGOs as subcontractors – a dynamic often referred to as ‘risk dumping’.

Given the global funding cuts, there is competition with UN agencies and international organisations over funding opportunities that should benefit local NGOs. Since the latter lack expertise, they collaborate with international organisations that have the required experience. Unfortunately, however, such relationships remain largely dominated by subcontracting rather than pure partnership (Barbelet et al, 2019). Projects and funds

belong to the international organisations, which employ local NGOs as subcontractors – a dynamic often referred to as ‘risk dumping’ and as creating unequal partnerships (Hassouneh 2024; InterAction 2024). This practice reduces the rights and decision-making power of local organisations in terms of the use of funds and resource allocation.

Furthermore, although staff of local organisations may be trained, they often do not remain permanently in these structures. Once these personnel are skilled, the international organisations that trained them tend to hire them (James 2026). This practice maintains a brain drain from local NGOs.

5. CONCLUSION AND RECOMMENDATIONS

Our findings show two pictures for the state of the humanitarian system in DRC.

One points to progress made in the system, ranging from delivering aid based on internationally recognised criteria in more accessible zones, to the visible effects of food distribution, to actors adapting their operations to better assist people affected by crisis, and to the setting up of a joint humanitarian action plan.

On the other hand, we found several factors that hinder the performance of the humanitarian system. It is strongly dominated by the international community, which holds the funding, controls resources and sets the agenda. This power exercised by the international community over local actors, including government officials, lies at the origin of several cases of malpractice (see section 4.1). These actors operate with excessive freedom, reinforced by poor engagement on the part of the state, which allows some staff to impose practices that do not comply with humanitarian ethics. This includes corruption, diverting humanitarian aid, and sexual exploitation and abuse – practices mainly facilitated by weak accountability mechanisms and the impunity often enjoyed by perpetrators.

This DRC country research illustrates how power imbalances and state disengagement in a prolonged conflict setting that is characterised by weak state authority, high external dependence and accountability failures can distort and weaken the governance of the humanitarian system. In such contexts, corruption,

embezzlement and various forms of misconduct can become widespread and common in humanitarian action, as reported by several interviewees and experienced firsthand by the research team throughout their careers. These practices undermine the effectiveness of humanitarian response, and they also damage the credibility and overall reputation of the humanitarian sector.

The effectiveness of humanitarian action in DRC therefore requires greater involvement of the government



Power exercised by the international community over local actors, including government officials, lies at the origin of several cases of malpractice.



Power imbalances and state disengagement in a prolonged conflict setting ... can distort and weaken the governance of the humanitarian system.

and other local actors to enable participatory and coordinated humanitarian governance, as well as strengthened localisation and accountability to affected populations. This would also diversify resources, meaning that humanitarian action would rely on both external and local resources, thus reducing strong external dependency. Localisation efforts would better equip and involve local actors, thereby improving the effectiveness of aid on the ground. Strengthening accountability to achieve greater transparency, trust and effectiveness would reduce the prevalence of bad practices, including corruption, fraud, the diversion of funds and other behaviours such as sexual exploitation and abuse.

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ANNEXES

ANNEX 1: NUMBER AND CATEGORIES OF PARTICIPANTS IN INTERVIEWS IN NORTH-KIVU AND SOUTH-KIVU

	North-Kivu Province		South-Kivu Province	
	I. Individual Interviews			
1	International NGO Goma 1	1	Representative of Government	1
2	Local Chief Goma	1	Local Chief Bukavu	1
3	National NGO Goma	1	National NGO Bukavu	1
4	Religious leader Goma	1	Religious leader Bukavu	1
5	United Nations Goma	1	Women's representative Bukavu	1
6	Civil Society Goma	1	Civil Society Bukavu	1
7	Private sector Goma	1	Private Sector Bukavu	1
8	Heal Africa Goma	1	Provincial Division of Health Bukavu	1
9	International NGO Goma 2	1	International NGO Bukavu	1
10	Youth Organisation Goma	1	Youth Organisation Bukavu	1
	II. Focus Group Discussions			
11	FGD Don Bosco Goma	6	FGD IDPs Bukavu	6
12	FGD Mugunga Goma	6	FGD Mululu Kavumu Bukavu	6
13	FGD Kanyaruchinya Goma	6		
	Total	28		22

ANNEX 2: INTERVIEW GUIDE

PART 1: OPENING QUESTIONS (5 MINUTES)

Shape and size of the humanitarian system in your area (events, threats, access to aid)

Q1. Can you briefly describe your role as a government agency/office in the humanitarian response in your area since 2023 and 2024? What types of crisis have you responded to within this period?

- **Probe 1:** Since 2023, whom do affected populations in your area typically turn to for support?
- **Probe 2:** To what extent do they turn to the government for support? Through what mechanisms? Please provide examples
- **Probe 3:** What have been the key humanitarian challenges over the past two years?

Q2. Please describe the overall structure of the humanitarian system in your area of intervention. Among the various actors (e.g., international organizations, UN agencies, national NGOs, local community groups, government entities, private sector, diaspora), which have been most impactful since 2023 and 2024, and why? What other types of actors (e.g., national disaster management, local NGOs, community-based organizations, churches/religious groups, traditional leaders, diaspora, private sector, self-help groups) have been significantly involved in providing or coordinating aid?

- **Probe 1:** Are there specific areas where any actors are notably absent or underperforming?
- **Probe 2 :** Is there any other coordination mechanisms with actors outside the system?
- **Probe 3:** How has the humanitarian landscape in your area (conflicts and health crises) changed since 2023 and 2024?

PART 2: AID EFFECTIVENESS AND THEMATIC QUESTIONS (95 MINUTES)

a) Provision of enough assistance (15 minutes)

Q3. In your opinion as government representative/UN agency/donor/civil society actor/national NGO representative/local chief/private sector actor, do you think humanitarian assessments adequately capture affected population priority needs? What types of needs do they typically capture, and why?

- **Probe 1:** Do you also conduct humanitarian needs assessment? If yes, how and with which funding?

- **Probe 2:** In your opinion, what needs are often left unaddressed? Please elaborate.

Q4a. Over the past two years, how have changes in the operational context here (e.g., shifts in conflict dynamics, emergence of new crises or needs) and/or changes in donor funding allocation influenced the ability of humanitarian assistance to adequately meet people's needs? Please provide concrete examples.

- **Probe 1:** How did the USAID Budget cut affected aid service delivery in DRC? Please provide concrete examples.

Q4b. About the implications of USAID cuts, how aid is being prioritised in DRC following the new ongoing humanitarian new response process? Please provide concrete examples.

- **Probe 1:** Which geographic areas, people, and sectors are prioritised and why, which are losing out?
- **Probe 2:** Who is involved in making decisions? What are the worries about the implications?

b) Effective aid and efficient action (15 minutes)

Q5. Tell us your experience on how aid received has been effective and efficient.

- **Probe 1:** Can you share an example of aid that you found particularly effective and efficient, and explain why?
- **Probe 2:** Does the government services have measures to be more time and cost efficient? and how important has this timeliness been for the effectiveness of your programs?
- **Probe 3:** What choices have you made to ensure that operations are more efficient in times of funding cuts?

Q6. In your view, how well does humanitarian assistance meet the actual needs of people, including vulnerable groups, in your area?

- **Probe 1:** Are there specific population groups (e.g., people in particular geographic areas, IDPs, refugees, host communities, specific ethnic groups, or other minority groups) who are not receiving the aid they need due to being overlooked or marginalized? Please give an example.
- **Probe 2:** Look for system/policy level barriers/Security constraint/social exclusion, what are the barriers that prevent aid from reaching the right people?

Aid diversion and corruption (15 minutes)

Q7. Based on your work and observations over the past two years, can you describe any instances or patterns you have encountered where aid was **diverted, misused, or redirected**? This could be by individuals, organizations, or authorities.

- **Probe 1:** What do you perceive as the main reasons or motivations behind these

incidents (e.g., personal gain, political influence, systemic weaknesses, lack of awareness)?

- **Probe 2:** What measures or safeguards are in place to prevent aid misuse? How effective are these in your context? What role does the government play in either enabling or preventing such issues?

Q8. There are often perceptions in complex environments that aid distribution might not always reach everyone equally. From your position, what are the **factors that can contribute to perceptions of favouritism or exclusion** in aid delivery? How does the government aim to address these perceptions?

- **Probe 1:** Where these negative perceptions exist, how have these impacted aid integrity and community trust? Do affected communities trust in local actors or international actors more?

Protection, dignity and accountability (15 minutes)

Q9. International bodies and local groups have documented alarming instances of violence against civilians, including gender-based violence, during the conflict in the DRC. What are your views on these reports?

- **Probe 1:** As a government official/UN agency/donor/civil society actor/national NGO representative/local chief/private sector actor, what do you think are key ways the government can ensure respect the dignity and promote the protection of people affected/ vulnerable populations? Can you share your experiences and examples in addressing protection issues?
- **Probe 2:** Which specific actors bear the primary responsibility for ensuring the protection of vulnerable groups?

Q10a. Building on the topic of protecting vulnerable populations, can you discuss the measures in place, and any challenges, related to preventing and responding to sexual exploitation and abuse (PSEA) by humanitarian actors themselves in the delivery of aid? This includes issues of accountability and support for survivors.

- **Probe 1:** Have the changes made following the reports on SEA in 2022 (refers to Ebola in Beni) led to more positive approaches?

10b. Building on the topic of protecting vulnerable populations, can you discuss the measures in place, and any challenges, related to preventing and responding to sexual exploitation and abuse (PSEA) by humanitarian actors themselves in the delivery of aid? This includes issues of accountability and support for survivors.

- **Probe 1:** Have the changes made following the reports on SEA in 2022 (refers to Ebola in Beni) led to more positive approaches?
- **Probe 2:** What explains reported increases in cases from MONUSCO?
- **Probe 3:** Which PSEA initiatives have actually been implemented since the scandal (refers to Ebola in Beni), and what barriers or enablers shape their

effectiveness?

- **Probe 4:** What practices do communities themselves view as protective or dignity enhancing?
- **Probe 5:** What are the improvements or gaps in reporting pathways, support, and behaviour of aid workers?
- **Probe 6:** How do agencies coordinate on PSEA, and to what extent are local and women-led organisations included?

Q10c. What promising protection practices (including child protection) exist among NGOs, camp committees, or community-led structures?

- **Probe 1:** Please provide concrete examples in your context.

Q11. How does the government ensure **transparency and accountability in aid distribution** for the communities you serve (Mechanisms in place for feedback or report concerns about aid misuse or unfairness; channels known and trusted by communities that they feel safe to use; complaints followed up on and tangible changes or outcomes, because of their feedback)?

- **Probe 1:** What does the Government still need to do to strengthen transparency and accountability towards affected populations?

c) Coordination, localisation and sustainability (15 minutes)

Q12. How would you describe the partnership between international humanitarian actors (like donors, UN agencies, or INGOs) and your government/local actors in the DRC? Has this relationship changed recently? Do you have suggestions for how international groups can better support local capacity and leadership?

- **Probe 1:** How is humanitarian aid coordinated in your area? Can you identify the key actors involved (e.g., UN, INGOs, local government, community leaders) and describe how they typically coordinate?
- **Probe 2:** What specific aspects of this coordination have worked well, and what have been the challenges, and why?
- **Probe 3:** How does the Government contribute to this coordination of humanitarian assistance?

Q13. From your perspective, what concrete changes or efforts have you observed in the way international humanitarian organizations operate in the DRC that aim to shift power, resources, or decision-making authority more towards local actors or communities? Does the Government work with local communities? Can you describe your interactions with these groups and their outcomes?

- **Probe 1:** Are there barriers for your government or international actors supporting these groups during conflict (e.g., conflict, administrative factors, and access restrictions)? Are there specific examples where these efforts have been successful, or where significant challenges remain?

- **Probe 2:** In your view, have international humanitarian actors upheld their commitments to localization by ensuring that significant funding reaches local organizations?
- **Probe 3:** Can you share any examples of successful or promising decolonization initiatives within this context, whether at the policy, funding, or programmatic level?

Q14. How well do humanitarian organizations coordinate with development and peace actors to ensure that people affected by crises are protected both in the short and long term? Does the government play a role in those relationships? What positive or negative impacts has humanitarian aid had on social, environmental, or economic aspects in the DRC?

- **Probe 1:** How involved are national and local authorities in planning long-term solutions for humanitarian needs, especially with development and peace actors?
- **Probe 2:** Are there examples where humanitarian efforts have positive or negative impacts on social, environmental, or economic aspects in the DRC? What challenges exist in improving the coordination Government and peace actors at both the programmatic and political levels?
- **Probe 3:** Do these partnerships with international actors on long-term priorities affect government sovereignty (e.g., through conditional funding or support to sub-national authorities)?

Q15. Tell us your experience on how humanitarian activities make efforts to address longer-term vulnerabilities, risks and root causes of crisis (existing and functioning risk reduction and resilience initiatives locally/by affected population) ?

- **Probe 1:** What are these initiatives and how do they operate? Please give examples of programmes that support risk reduction and resilience or people in protracted displacement or chronic conflict locally and that make progress with connecting with peace and development actors in this context.
- **Probe 2 :** If they exist and are different from the above initiatives, can you provide examples of programs that aim to build self-reliance or support people in protracted displacement/chronic conflict to transition away from humanitarian-only responses?

Q16a. Regarding the Humanitarian-Development-Peace (HDP) nexus, what ongoing or new efforts are in place to strengthen collaboration among humanitarian, development, and peace actors in your area? How are these efforts addressing the dynamics of new or ongoing conflicts?

- **Probe 1:** To what extent are chronic needs deprioritised in favour of acute emergencies, and how do agencies manage trade-offs between protracted and sudden-onset crises?
- **Probe 2:** How is cash programming affected by funding cuts?

- **Probe 3:** Are there additional examples of how the quality of aid is affected? (Eg shelter)
- **Probe 4:** Has there been any progress on the HDP nexus (Eg livelihoods)? How and why?
- **Probe 5:** Can you provide specific examples of where this collaboration has worked well, or faced challenges?

Q16b. Thinking about disaster and epidemic response, how has the system responded to Moneky Pox pandemic crisis in the DRC? What lessons learned from the previous pandemic (COVID-19) are currently being put into practice? Please provide concrete examples.

- **Probe 1:** How effective was the collaboration between community structures, state health institutions, and humanitarian responders?
- **Probe 2:** How were political or security constraints managed?
- **Probe 3:** How did displacement affect the effectiveness of the response? Tell us whether there were cases of data losses and difficulties in disease tracking.
- **Probe 4:** How have COVID-19 lessons (on prevention practices, community communication, and clinical navigation) shaped the MPox response?

d) Aid and humanitarian principles (10 minutes)

Q17. In your view, do humanitarian actors, operating in the DRC generally maintain strict neutrality humanity, independence, and impartiality in their operations? Have you seen instances where political or local favouritism may have influenced targeting choices?

- **Probe 1:** If so, have you seen this have an effect on conflict dynamics? For example, exacerbating local divisions?
- **Probe 2:** How have these situations affected your relationship and coordination with humanitarian actors?

Q18. Access to affected populations is crucial for humanitarian action. What role does your Government play in facilitating timely and reliable access for humanitarian actors to volatile or hard-to-reach areas in the DRC?

- **Probe 1:** What challenges does your government face in enabling humanitarian access, and what approaches have proven useful in overcoming these?
- **Probe 2:** How does your government advocate for and protect safe spaces that allow humanitarian actors to operate freely and without interference?
- **Probe 3:** In your view, how do international humanitarian law (IHL) and human rights law apply to ensuring humanitarian access and the protection of civilians in the DRC?

PART 3: CLOSING QUESTIONS (5 MINUTES)

Q19. Tell us if you have any other experience, you would like to share related to

humanitarian action in the DRC. Please elaborate.

Q20. Do you have any questions for us?

ANNEX 3: FGD PROTOCOL

PART 1: OPENING QUESTIONS (5 MINUTES)

Events, threats, access to aid

Q1. Thinking about the past two years (2023 and 2024), what have been the most significant events or threats (like conflict, displacement, health crises, disasters, or economic shocks) that have affected your community and created a need for support? [**Probe:** How did these events directly impact your daily life, safety, or access to essential services like food, water, shelter, or healthcare?]

Q2. When you or your community faced these challenges, who were the first people or groups (e.g., family, neighbours, community leaders, local organizations, government, or international aid groups) you turned to for help, or who were present and offered support? [**Probe:** What kind of support did they provide?]

PART 2: AID EFFECTIVENESS AND THEMATIC QUESTIONS (85 MINUTES)

a) Provision of enough assistance (20 minutes)

Q3. You mentioned having received support or humanitarian aid from different groups. From your perspective, how sufficient or appropriate was the aid you received for your family's specific needs? Were you able to access aid when you needed it most? Could you share some examples? I

- **Probe:** Can you briefly tell us how you became eligible for this support, and for how long you received it?

Q4. From your experience, what are the main difficulties that prevent humanitarian aid from reaching all the people who need it, or from being delivered effectively in your area?

- **Probe 1:** What do you think are the main reasons for these challenges? Please provide concrete examples.
- **Probe 2:** How are changes in the security situation affecting aid delivery in your location? Please provide concrete examples.
- **Probe 3:** How do aid workers negotiate access to the field ? With whom ?

Q5. When aid organizations try to understand what people need, do you feel they truly capture your community's most important needs? Are there specific needs or groups of people that are often overlooked? Why do you think this happens?

- **Probe 1:** How well does the aid you actually receive match what you believe your priority needs are? Please give examples of any gaps
- **Probe 2:** Are affected communities consulted or considered in the design and planning beyond needs assessments?

b) Effective aid and efficient action (20 minutes)

Q6. From your point of view, do you see aid organizations working well together in your community?

- **Probe 1:** What examples have you seen where different aid groups worked together effectively, or where they did not?
- **Probe 2:** What do you think made it work well or caused problems?

Q7. Have you noticed any changes in the type or amount of aid coming in over the last couple of years? If yes, why do you think these changes are happening?

- **Probe:** Have you seen signs that organizations are finding it harder to get money or supplies to help your community? (Probe for perspectives around donor fatigue)

c) Protection, dignity and accountability (15 minutes)

Q8. When aid is delivered, do you feel there is transparency (clear information on who gets what and why), accountability (aid workers are answerable for their actions), and integrity (aid is not stolen or misused)?

- **Probe 1:** Can you share any examples where you felt aid was not delivered fairly, or where there were issues like aid being misused or stolen? What happened, and what, if anything, was done about it?

Q9. Do you feel that the aid provided to you helps protect your safety and dignity? For example, does it address your specific protection needs as a woman, man, girl, boy, person with disability, or older person? Please provide concrete examples.

Q10. Do you feel safe and respected by aid workers? What happens if an aid worker behaves inappropriately or causes harm to you or your community?

- **Probe 1:** Do aid workers explain how they should behave, or how you can report concerns about their behaviour? Please provide concrete examples.

Q11. How well do you feel aid providers listen to your opinions and take your needs into account when making decisions about aid? Also, how do you feel about the ways you can give feedback or make complaints about aid?

- **Probe 1:** What works well, what are the challenges with these processes, and can you give examples of when your feedback led to changes in aid provision?
- **Probe 2:** How common are instances where communities turn against aid workers or restrict certain agencies from operating, and what drives these

reactions? How widespread this is? Can you give concrete examples of this in your context?

Q12. Building on the topic of protecting vulnerable populations, can you discuss the measures in place, and any challenges, related to preventing and responding to sexual exploitation and abuse (PSEA) by humanitarian actors themselves in the delivery of aid? This includes issues of accountability and support for survivors.

- **Probe 1:** Have the changes made following the reports on SEA in 2022 (refers to Ebola in Beni) led to more positive approaches?
- **Probe 2:** What explains reported increases in cases from MONUSCO?
- **Probe 3:** Which PSEA initiatives have actually been implemented since the scandal (refers to Ebola in Beni), and what barriers or enablers shape their effectiveness?
- **Probe 4:** What practices do communities themselves view as protective or dignity enhancing?
- **Probe 5:** What are the improvements or gaps in reporting pathways, support, and behaviour of aid workers?
- **Probe 6:** How do agencies coordinate on PSEA, and to what extent are local and women-led organisations included?

Q13. What promising protection practices (including child protection) exist among NGOs, camp committees, or community-led structures?

- **Probe 1:** Please provide concrete examples in your context.

d) Localisation and sustainability (15 minutes)

Q14. How do you feel humanitarian aid has affected your community's ability to respond to challenges and become more self-reliant? Can you tell us about your own local efforts and groups that help in crises, and how aid works with (or against) these?

- **Probe 1:** Please provide examples of whether aid makes your community more self-reliant or more dependent, especially for those returning after displacement (e.g., from Goma or Bukavu).

Q15. What broader impact has humanitarian aid had on your community over the past two years (e.g., on local markets, the environment, or social dynamics), especially during periods of escalating conflict earlier this year?

- **Probe 1:** How consistent was the support you received during these escalating crises, and were there any noticeable gaps when you needed it most? Please provide concrete examples.

Q16. Thinking about disaster and epidemic response, how has the system responded to Moneky Pox pandemic crisis in the DRC? What lessons learned from the previous

pandemic (COVID-19) are currently being put into practice? Please provide concrete examples.

- **Probe 1:** How effective was the collaboration between community structures, state health institutions, and humanitarian responders?
- **Probe 2:** How were political or security constraints managed?
- **Probe 3:** How did displacement affect the effectiveness of the response? Tell us whether there were cases of data losses and difficulties in disease tracking.
- **Probe 4:** How have COVID-19 lessons (on prevention practices, community communication, and clinical navigation) shaped the MPox response?

e) Aid and humanitarian principles (10 minutes)

Q17. Do you feel that humanitarian aid is delivered fairly in your community, based only on people's needs and without favouritism (e.g., not based on ethnicity, religion, or political views)? Also, do aid workers treat everyone with respect and ensure their activities do not cause any harm? Please give examples of when aid felt fair and respectful, or when it did not.

Q18. In situations of conflict or tension, do you feel aid organizations remain neutral and do not take sides between different groups?

- How does this, or the overall behaviour of aid workers, affect your trust in them and their ability to help your community? Please give examples to explain your views.
- Do you trust local actors more or less than international actors? Why do you feel that way? Please share examples.

PART 3: CLOSING QUESTIONS (5 MINUTES)

Q19. Tell us if you have any other experience, you would like to share related to humanitarian action in the DRC. [Please elaborate.]

Q20. Do you have any questions for us?

CONSENT STATEMENT

Now that we have concluded this discussion, do you still consent that we use this information for the purpose of our study? Is there anything that you shared with us today that you would like to withdraw?

Thank participants for their time and remind them that they can withdraw from the study at any time. Ensure that participants answered any questions. Provide contact details for any follow up questions. Collect contact information for follow up focus groups and dissemination.

