

Aid Withdrawal and Humanitarian Need in Eastern DRC

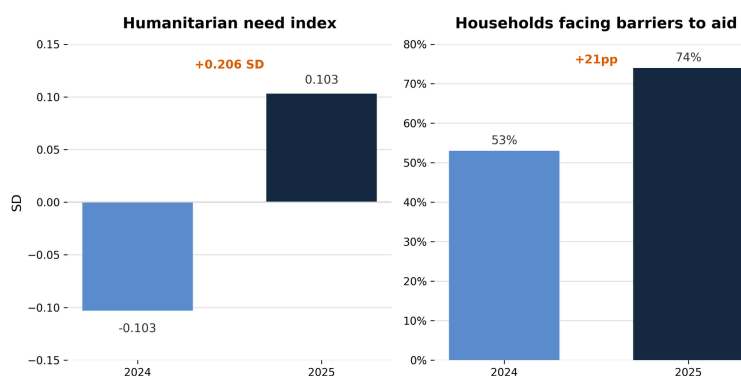
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This brief assesses the impact of the 2025 USAID withdrawal and escalating conflict on humanitarian need between 2024 and 2025 in the Ituri, Nord Kivu, and Sud Kivu provinces of eastern DRC. Using data representative at the health zone level in both years, we assess changes in humanitarian need and predictors of need across the three provinces.

Aid delivery decreased while barriers to accessing aid increased between 2024 and 2025

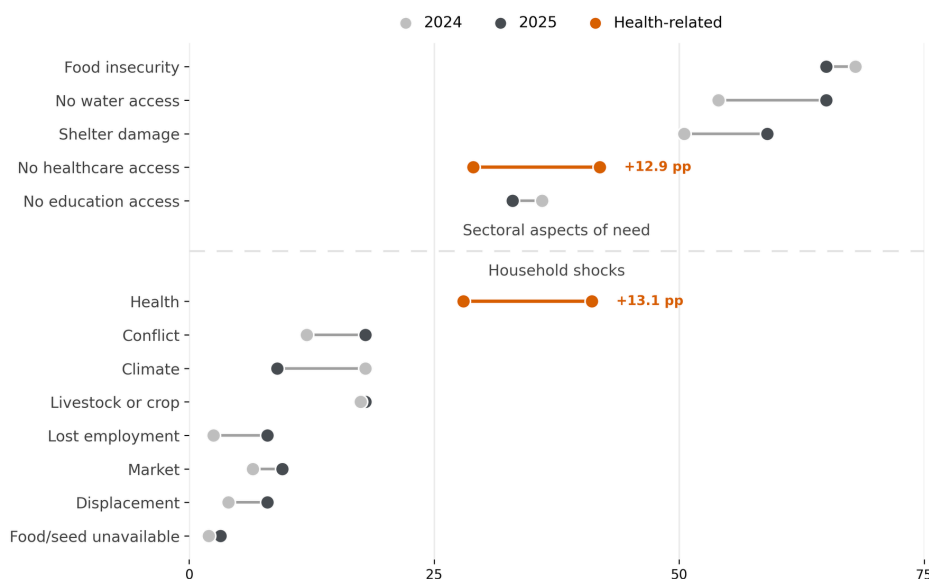
Figure 1 shows that humanitarian needs increased substantially (+0.21 SD) between 2024 and 2025. This occurred at the same time as households experienced an increase in barriers to accessing humanitarian aid (+21 pp). When analyzed at the province level, Ituri and Sud Kivu saw similar increases in overall need (+0.28 and +0.24 SD, respectively). Meanwhile, Nord Kivu experienced a decrease in need across years (-0.16 SD). At the same time, barriers to aid rose an average of 21 pp across all three provinces. At the province level, the increase in experiencing barriers to aid ranged from a 15 pp increase in Nord Kivu to a 24 pp increase in Sud Kivu in 2025.

Figure 1: Humanitarian need increased while access to aid decreased, 2024-2025



Notes: The figures show the average of 46 health zones for each year. The index is a composite of five sectoral indicators (food consumption, education access, healthcare access, water access, and shelter damage), each standardized across both years. Higher index values indicate greater humanitarian need.

Figure 2: Health related indicators rose both in sectoral changes and in household shocks, 2024-2025



Note: The figure shows the average value across health zones in 2024 and 2025. All values are the share of households experiencing a given category except for food score. Food score represents the average food consumption score and is composed of different food categories that are rated from 0-7 for the number of days in the last week that they were consumed, then are weighted by food category to create a composite food consumption score. The food score is then inverted so that a higher number indicates worse food consumption. N = 46.

Health needs rose across measures of humanitarian need

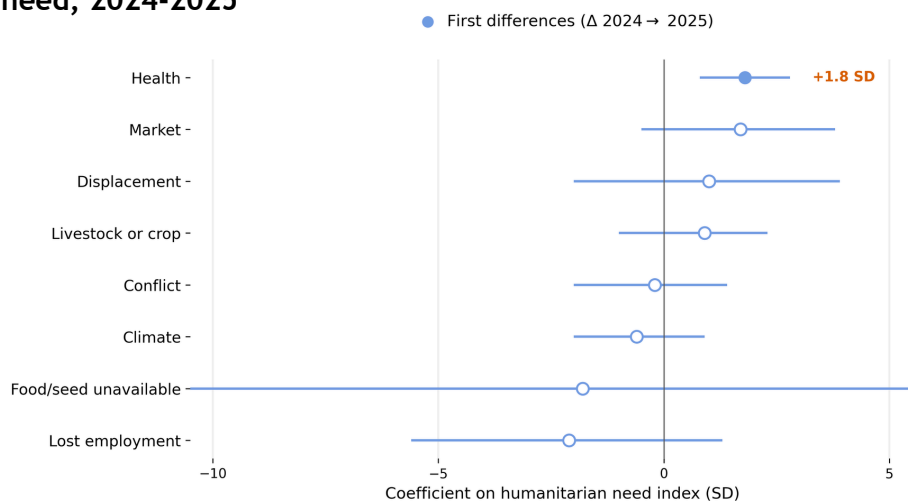
Healthcare access declined in all three provinces in 2025. The proportion of households unable to access healthcare when needed in 2025 increased by 13 pp, or 44%, as shown in Figure 2. The proportion of households experiencing health shocks also increased by 13 pp across all three provinces in 2025. Province-level analysis finds that both lack of healthcare access and health shocks were the worst in Sud Kivu in 2025, reaching 49% and 51% of households, respectively.

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Health shocks are the largest predictor of need

Figure 3 shows that health shocks are the largest and only significant predictor of humanitarian need across years, with the change in health shocks between 2024 and 2025 predicting increased need across years by 1.8 SD. This relationship holds in 2025 as well, where health shocks predicted increased need by 2.1 SD. The trend mirrors the withdrawal of USAID, which largely funded health programs in eastern DRC.

Figure 3: Health shocks are the main predictor of humanitarian need, 2024-2025



Notes: Filled circles $p < 0.05$. The model displays results for $\Delta \text{Index} = \alpha + B1\Delta \text{Conflict} + B2\Delta \text{Displacement} + B3\Delta \text{AidProvision} + B4\Delta \text{BarrierstoAid} + B5\Delta \text{Shocks} + \epsilon$. Dependent variable: humanitarian need index. Shock categories are non-exclusive. $N = 46$. Robust standard errors are clustered at the health zone level.

Policy implications

- The USAID withdrawal is visible in every province, though in distinct ways. Quantifying the change in aid received across years can be used to mobilize remaining funders.
- Aid should target health programs dismantled after the USAID withdrawal, as healthcare access collapse was the dominant driver of need in 2025. It should especially prioritize Sud Kivu, which saw the largest increase in health needs.
- Shock-responsive programming should also target health, as health shocks are the only shock type that is significant in predicting both need in 2025 and the change in need across years.

Limitations

- The analysis is limited to health zones with data collected in both years, which likely excludes health zones experiencing the most intense needs that were unreachable by enumerators during Impact Initiatives' Multi-Sectoral Needs Assessment (MSNA) data collection.
- The MSNA data is representative at different levels across 2024 and 2025, meaning that we cannot disaggregate the affected population beyond the health-zone representativeness in both years.
- The observational design of the MSNA data precludes causal identification.

Methodology

This brief draws on two data sources: Impact Initiatives' Multi-Sector Needs Assessment (MSNA), conducted in Ituri, Nord Kivu, and Sud Kivu in 2024 and 2025, and conflict event data from ACLED, a database of geolocated conflict events. To measure humanitarian need, we construct a composite index using five sector indicators (food consumption, education access, healthcare access, safe water access, and shelter damage), where we flip the input variables' values so that higher numbers indicate worse outcomes. We then standardize each input to make the resulting index comparable across years. Greater values indicate greater humanitarian need. We use the index to analyze how five potential drivers of need (conflict, displacement, aid provision, barriers to aid, and household shocks) relate to humanitarian need using OLS regressions and first-difference models across health zone-year observations.