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**U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT**  
BUREAU FOR DEMOCRACY, CONFLICT, AND HUMANITARIAN ASSISTANCE (DCHA)  
OFFICE OF U.S. FOREIGN DISASTER ASSISTANCE (OFDA)

## ***Democratic Republic of the Congo – Complex Emergency***

Situation Report #1, Fiscal Year (FY) 2007

September 28, 2007

### **BACKGROUND**

Since 1998, regional armed conflict in the Democratic Republic of the Congo (DRC) has resulted in an estimated 4 million deaths due to fighting, disease, and malnutrition, and caused the displacement of more than 3 million residents. The 1999 Lusaka Peace Accords laid the foundation for the formation of a transitional government in 2003, the adoption of a new constitution in 2005, and national and local elections in 2006. However, armed groups such as the Forces Démocratiques de Libération du Rwanda (FDLR)/Interahamwe,<sup>1</sup> Mai-Mai factions,<sup>2</sup> and dissident troops in the Forces Armées de la République Démocratique du Congo (FARDC)<sup>3</sup> continue to create areas of insecurity in eastern DRC. Efforts to extend civilian control and security to eastern DRC have been unsuccessful in overcoming the threat posed by these armed groups. The U.N. Mission in the DRC (MONUC), the largest U.N. peacekeeping operation in the world, continues efforts to support the peace.

Due to the effects of conflict and continued insecurity, nearly 1.1 million internally displaced persons (IDPs), as well as 2.2 million former IDPs and refugees returning to their areas of origin, continue to require emergency assistance, according to the U.N. Office for the Coordination of Humanitarian Affairs (OCHA). Poverty is widespread, and the health care system has eroded due to a lack of resources and looting. Throughout eastern DRC, insecurity hinders access to agricultural land and traditional markets.

On September 29, 2006, U.S. Ambassador Roger A. Meece redeclared a disaster due to the ongoing complex emergency in the DRC. On September 21, 2007, U.S. Chargé d’Affaires Samuel V. Brock declared a disaster in response to the Ebola outbreak in West Kasai Province. Since 1999, the U.S. Government (USG) has provided more than \$683 million to support life-saving humanitarian activities in the DRC.

<b>NUMBERS AT A GLANCE</b>	<b>SOURCE</b>	
<b>Deaths related to Ebola</b>	166	WHO <sup>4</sup> – September 27, 2007
<b>IDPs from North Kivu Crisis</b>	318,230	OCHA – September 17, 2007
<b>Other IDPs</b>	1,121,979	U.N. Humanitarian Action Plan 2007 – Mid Year Review – July 2007
<b>Refugees</b>	315,571	UNHCR <sup>5</sup> – September 2007
<b>Total Affected Population</b>	3,300,000	U.N. Humanitarian Action Plan 2007 – Mid Year Review – July 2007

### **FY 2007 HUMANITARIAN FUNDING**

<b>USAID/OFDA Assistance to DRC</b> .....	<b>\$28,536,698</b>
<b>USAID/FFP<sup>6</sup> Assistance to DRC</b> .....	<b>\$37,838,700</b>
<b>USAID/AFR<sup>7</sup> Assistance to DRC</b> .....	<b>\$165,000</b>
<b>State/PRM<sup>8</sup> Assistance to DRC</b> .....	<b>\$20,996,957</b>
<b>HHS/CDC<sup>9</sup> Assistance to DRC</b> .....	<b>\$426,208</b>
<b>Total USG Humanitarian Assistance to DRC</b> .....	<b>\$87,963,563</b>

### **CURRENT SITUATION**

#### ***Security and Humanitarian Access***

In FY 2007, the disarmament of multiple armed opposition groups led to improved security across much of the DRC, enabling large-scale population returns and facilitating relief efforts to improve access to basic

services. However, a resurgence of military activity in North Kivu and South Kivu provinces led to increased insecurity and restricted access to affected communities. As a result of the changing environment, humanitarian actors have revised emergency contingency plans on two

<sup>1</sup> Rwandans implicated in the 1994 genocide who subsequently fled to eastern DRC

<sup>2</sup> Bands of local DRC citizens originally formed to resist Rwandan army occupation

<sup>3</sup> Dissident troops led by General Nkunda, a former commander in the Rwandan-backed Rally for Congolese Democracy (RCD)

<sup>4</sup> U.N. World Health Organization

<sup>5</sup> Office of the U.N. High Commissioner for Refugees (UNHCR)

<sup>6</sup> USAID’s Office of Food for Peace

<sup>7</sup> USAID’s Bureau for Africa

<sup>8</sup> U.S. Department of State’s Bureau of Population, Refugees, and Migration

<sup>9</sup> U.S. Department of Health and Human Services’ Centers for Disease Control and Prevention

occasions since January 2007, calling for greater emphasis on rapid response capabilities. In January 2007, USAID assessment teams traveled to eastern DRC to monitor the return process for displaced populations, assess humanitarian conditions, and review ongoing programs. Although violence and additional population movements continued to hinder the provision of assistance, the teams observed that relief agencies persevered in their efforts to provide emergency services.

#### *Kivu Crisis*

Insecurity in the Kivu provinces has generated major humanitarian needs in 2007. Most significantly, security has deteriorated in North Kivu, largely due to the failed integration of former armed opposition groups into FARDC brigades. Since late 2006, dissident General Nkunda has consolidated power, attacking FDLR remnants and resisting FARDC authority. After major skirmishes in the Sake area, 30 km west of Goma, each side has largely respected an unofficial ceasefire. Although MONUC has since reported incidents of renewed fighting, there have been no major military engagements. Despite the tenuous security environment, humanitarian agencies have begun assessing needs in previously inaccessible areas.

In South Kivu, FARDC forces have launched campaigns against the FDLR and dissident FARDC Major Rukunda in the high plateau of Minebwe. Combined with FDLR reprisals against local populations, these campaigns have also led to new population displacement.

In FY 2007, USAID/OFDA provided nearly \$5 million to support activities to improve access to isolated areas in eastern DRC. The majority of this funding supported humanitarian flights to transport relief personnel to conflict-affected areas in eastern DRC. A significant portion also funded road rehabilitation activities.

#### **Population Movements**

##### *New Displacements*

In 2007, North Kivu Province witnessed the most significant population displacement in more than three years. Between December 2006 and early September 2007, various military and militia, including FARDC, Mai-Mai, and forces loyal to General Laurent Nkunda displaced more than 318,000 people, bringing the total IDP population in North Kivu to 745,000, according to OCHA. Of this, an estimated 90,000 IDPs were displaced in September alone. An additional 25,000 to 30,000 Congolese fled to Uganda, though many of these quickly returned home or continue to go back and forth between the two countries, according to UNHCR. In South Kivu, FARDC campaigns against the FDLR, as well as FDLR reprisals against local populations, led an additional 40,000 people to flee their homes.

According to USAID/OFDA field staff, assessments indicate varying patterns of displacement, with pockets of small-scale returns, areas of new displacement, and host communities in need of additional assistance. The U.N.

also identified trends of self-segregation along ethnic lines. Relief organizations, including multiple USG partners, are distributing emergency food and household supplies as well as providing basic health, nutrition, and water and sanitation services to individuals arriving in temporary settlement areas in DRC and Uganda.

In FY 2007, USAID/OFDA provided more than \$5 million for the purchase and distribution of emergency relief supplies to displaced persons in North Kivu, largely through support for the U.N. Children's Fund (UNICEF) rapid response fund and the maintenance of an emergency relief supply stockpile in Goma, North Kivu Province. Following recent conflict, stockpiled supplies were exhausted due to the sudden upsurge in displaced populations. In response, USAID is airlifting additional commodities, including plastic sheeting for building temporary shelters, blankets, cooking sets, water jugs, soap, and high protein biscuits to benefit up to 100,000 people. USAID/OFDA staff are currently in North Kivu to determine additional response priorities and identify relief activities for conflict-affected communities.

##### *Returns Process*

The disarmament of several militia groups in Katanga and Orientale provinces has led to the return of an estimated 611,000 IDPs since mid-2006, according to the U.N. Mid Year Review report. In addition, approximately 89,000 Congolese refugees have returned from neighboring countries mainly to South Kivu, Katanga, and Equateur provinces, including 21,000 in the first half of 2007.

In FY 2007, State/PRM provided more than \$20 million to multiple relief agencies for programs to assist conflict victims in the DRC. State/PRM programs supported refugees from neighboring countries residing in the DRC, Congolese refugees returning from neighboring countries, and IDPs. Refugees and returnees benefited from programs including water and sanitation services, protection and gender-based violence prevention, livelihoods support, and food assistance.

##### **Agriculture and Food Security**

Food security remains a critical challenge throughout DRC. Returning populations face a lack of agricultural inputs, limited knowledge of land use, and often restricted access to markets. In FY 2007, food security was threatened by both a natural disaster and renewed conflict. From October 2006 to February 2007, floods in Equateur, Maniema, Orientale, and Katanga provinces affected approximately 200,000 people and destroyed more than 22,200 hectares of agricultural land. Meanwhile, localized violence and displacement undermined food security and livelihoods in the Kivus.

In FY 2007, USAID/OFDA funded nine partners to implement food security and agriculture initiatives benefiting more than 600,000 conflict-affected Congolese. Assistance included distributions of seeds

and farming and fishing equipment as well as training programs covering seed and soil conservation and marketing techniques. In addition, USAID/OFDA supported economy and market systems activities to ensure sustainable food security, benefiting more than 150,000 people through activities such as tailoring, banking, carpentry, and masonry.

USAID/FFP provided 33,822 metric tons (MT) of P.L. 480 Title II Emergency Food Assistance to meet the food needs of conflict-affected persons throughout eastern DRC. In total, USAID/FFP assistance was valued at more than \$37.8 million.

### **Health**

In FY 2007, access to primary health care remained a challenge in areas of eastern DRC. Relief agencies are working to address common diseases and other health risks through prevention activities and vaccination campaigns. However, reliable access to medical services and basic health care is limited by local capacity and access to vast areas of affected regions.

In FY 2007, USAID/OFDA supported health interventions for the most vulnerable populations in North Kivu, South Kivu, and Orientale provinces. In response to the influx of IDPs near Goma in August and September 2007, USAID/OFDA health partners worked through local structures to provide free access to 24-hour primary and maternal health care and referral services in temporary settlement areas. Throughout eastern DRC, USAID/OFDA partners improved access to health care for more than 545,000 beneficiaries. Programs focused on the restoration of primary health services, health staff training, availability of essential medicines, and the reconstruction and rehabilitation of health structures as well as roads and bridges for people to reach these facilities.

In late 2004, USAID/OFDA met with health partners to begin the process of transitioning health zones from emergency to development funding through USAID/Kinshasa. Participants in the meeting established minimum requirements to prepare a health zone for the transition to development, including capacity to maintain

a cold chain, order essential medicines, and account for expenditures. With the exception of a few insecure areas, most health zones have now completed the transition to development programs.

### **Ebola**

An outbreak of Ebola hemorrhagic fever is currently threatening local populations in the two Kasai provinces. On September 10, the U.S. Centers for Disease Control and Prevention (CDC) and the Biological Laboratory of Franceville, Gabon, confirmed cases of Ebola in West Kasai Province. As of September 27, WHO had reported 372 suspected cases of Ebola, including 166 deaths, representing a 45 percent mortality rate, according to WHO. The epicenter of the outbreak is in the Mweka rural health zone, although suspected cases have been reported as far as 300 km away in neighboring East Kasai province. Significant delays in reporting suspected outbreaks hampered the government's ability to contain the spread of the disease. On September 10, following the confirmation of Ebola in West Kasai, the Congolese Minister of Health requested international assistance to contain the outbreak.

Multiple USG offices are working to contain the spread of Ebola. USAID/OFDA has provided \$100,000 to UNICEF to develop and promote key messages to health staff and communities, as well as to produce leaflets, job aids, and other mass media materials. In addition, USAID/AFR has provided \$165,000 to support emergency response efforts, including activities by WHO and the provision of personal protective equipment (PPE) for health staff who may come into contact with infected persons. Health teams from CDC and USAID-funded Project AXes are coordinating with the Government of the DRC and other organizations to collect samples and confirm cases of the virus, in addition to providing material support and treatment. Mobile laboratories, installed by CDC and Canada's National Public Health Agency, are enabling teams on the ground to diagnose new suspected cases within 6 hours. USAID staff continue to monitor conditions on the ground and will provide additional assistance if necessary.

## USG HUMANITARIAN ASSISTANCE TO DRC

<i>Implementing Partner</i>	<i>Activity</i>	<i>Location</i>	<i>Amount</i>
<b>USAID/OFDA ASSISTANCE<sup>1</sup></b>			
Action Against Hunger (AAH)/U.S.A	Food Security and Agriculture, Economy and Market Systems	South Kivu, Katanga	\$2,267,584
Air Serv International (ASI)	Humanitarian Air Service	North Kivu, South Kivu, Orientale	\$3,634,535
CONCERN	Food Security and Agriculture, Economy and Market Systems	Katanga	\$1,233,231
Food for the Hungry International (FHI)	Food Security and Agriculture, Economy and Market Systems	Maniema, South Kivu	\$1,531,571
German Agro Action (GAA)	Food Security and Agriculture, Economy and Market Systems, Road Rehabilitation, Relief Commodities	North Kivu, Ituri	\$3,765,222
Handicap	Road Rehabilitation	South Kivu	\$1,363,110
International Medical Corps (IMC)	Health, Protection, Water, Sanitation, and Hygiene	North Kivu, South Kivu	\$698,377
International Rescue Committee (IRC)	Health	South Kivu	\$397,755
Medair Swiss	Health	Ituri	\$375,352
OCHA	Coordination and Information Management	Countrywide	\$500,000
Première Urgence (PU)	Food Security and Agriculture, Economy and Market Systems	Ituri, Katanga	\$2,500,604
Solidarités	Food Security and Agriculture, Economy and Market Systems	Ituri	\$1,799,500
Tearfund	Food Security and Agriculture	South Kivu	\$595,060
United Methodist Committee on Relief (UMCOR)	Food Security and Agriculture	Katanga	\$996,786
UNICEF	Health, Relief Commodities	North Kivu	\$2,994,073
U.N. Food and Agriculture Organization (FAO)	Food Security and Agriculture	Countrywide	\$800,000
UNICEF	Ebola Response Activities	West Kasai	\$100,000
Multiple	Emergency Relief Commodities	Countrywide	\$2,278,500
	Administrative Support	Countrywide	\$705,438
<b>TOTAL USAID/OFDA</b>			<b>\$28,536,698</b>
<b>USAID/FFP ASSISTANCE<sup>2</sup></b>			
U.N. World Food Program (WFP)	28,472 MT of P.L. 480 Title II Emergency Food Assistance	Countrywide	\$31,663,600
FHI	5,350 MT of P.L. 480 Title II Emergency Food Assistance	Northern Katanga	\$6,175,100
<b>TOTAL USAID/FFP</b>			<b>\$37,838,700</b>
<b>USAID/AFR ASSISTANCE<sup>3</sup></b>			
WHO	Ebola Response Activities	West Kasai	\$153,000
Various	Personal Protective Equipment	West Kasai	\$12,000
<b>TOTAL USAID/AFR</b>			<b>\$165,000</b>

<b>STATE/PRM ASSISTANCE<sup>4</sup></b>			
Agency for Technical Cooperation and Development (ACTED)	Water and Sanitation	Katanga, Equateur	\$994,573
Center for Victims of Torture (CVT)	Psychosocial Support for Returnee and Receiving Communities	Katanga	\$599,785
FHI	Livelihoods and Market Access for Return Areas	Katanga	\$1,078,877
IMC	Health, Water and Sanitation, and Gender-Based Violence (GBV) Prevention Programs for Return Areas	South Kivu	\$1,200,000
Search for Common Ground	Mass Information for Refugee Return and Reintegration	Regional	\$299,925
Women for Women International (WWI)	GBV Prevention in Return Areas	South Kivu	\$234,015
U.S. Embassy	Ambassador's Fund - Returnee Secondary Education	Kinshasa	\$19,782
UNHCR	Global Appeal - Refugee Protection and Assistance	Countrywide	\$1,750,000
UNHCR	Supplementary Appeal for Repatriation	Countrywide	\$11,800,000
UNHCR	Supplementary Appeal for IDPs	Countrywide	\$2,420,000
WFP	Food Assistance for Returnees and IDPs	Countrywide	\$600,000
<b>TOTAL STATE/PRM</b>			<b>\$20,996,957</b>
<b>HHS/CDC ASSISTANCE</b>			
	Deployment of health teams	West Kasai	\$426,208
<b>TOTAL HHS/CDC</b>			<b>\$426,208</b>
<b>TOTAL USAID HUMANITARIAN ASSISTANCE TO DRC IN FY 2007</b>			<b>\$66,540,398</b>
<b>TOTAL USG HUMANITARIAN ASSISTANCE TO DRC IN FY 2007</b>			<b>\$87,963,563</b>

<sup>1</sup> USAID/OFDA funding represents anticipated or actual obligated amounts as of September 28, 2007.

<sup>2</sup> Estimated value of food assistance.

<sup>3</sup> This does not include the value of USAID/AFR support for Project AXxes, a health NGO that has helped to respond to the Ebola outbreak.

<sup>4</sup> State/PRM also provided more than \$10 million to UNHCR and NGOs for assistance to DRC refugees living in neighboring countries as well as \$1 million to IOM Zambia for its DRC refugee repatriation program. In addition, State/PRM provided \$50.7 million in unearmarked funds for UNHCR in Africa and \$39.7 million to ICRC for its Emergency Appeal for Africa. A portion of the unearmarked funds supported UNHCR and ICRC programs in the DRC and programs to assist DRC refugees located outside the country.



Ky Luu  
Director  
Office of U.S. Foreign Disaster Assistance