

# Democratic Republic of the Congo – Complex Emergency

NOVEMBER 22, 2022

## SITUATION AT A GLANCE

<p><b>106.7</b> MILLION</p> <p>Estimated Population of the DRC</p> <p><i>OCHA – December 2021</i></p>	<p><b>27</b> MILLION</p> <p>Estimated Population in Need of Assistance in 2022</p> <p><i>OCHA – February 2022</i></p>	<p><b>5.7</b> MILLION</p> <p>Estimated Number of IDPs in the DRC</p> <p><i>UNHCR – August 2022</i></p>	<p><b>928,957</b></p> <p>Estimated Number of Congolese Refugees and Asylum Seekers in Nearby Countries</p> <p><i>UNHCR – October 2022</i></p>	<p><b>521,512</b></p> <p>Estimated Number of Refugees Sheltering in the DRC</p> <p><i>UNHCR – September 2022</i></p>
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- Renewed FARDC–M23 clashes in North Kivu Province’s Rutshuru and Nyiragongo territories displaced more than 300,000 people between October 20 and November 21.
- Conflict and resultant displacement continue to exacerbate food insecurity across the DRC, with approximately 26 million people expected to face acute food insecurity through December.
- In North Kivu’s Beni Territory, ADF attacks on civilians and health centers resulted in recurring displacement, at least 10 civilian deaths, kidnappings, and the destruction of infrastructure. Populations affected by intercommunal violence in western DRC’s Kwilu and Mai-Ndombe provinces remain in urgent need of humanitarian assistance.



<p><b>TOTAL U.S. GOVERNMENT HUMANITARIAN FUNDING</b> For the DRC Response in FY 2023</p> <p><i>For complete funding breakdown with partners, see detailed chart on page 7</i></p>	<p>USAID/BHA<sup>1</sup></p>	<p>\$42,196,635</p>
	<p><b>Total</b></p>	<p><b>\$42,196,635</b></p>

<sup>1</sup> USAID’s Bureau for Humanitarian Assistance (USAID/BHA)

## KEY DEVELOPMENTS

### Clashes Between FARDC and M23 Drive Displacement in Rutshuru and Nyiragongo

Renewed clashes between the Armed Forces of the Democratic Republic of the Congo (FARDC) and elements of the March 23 Movement (M23) in Rutshuru and Nyiragongo displaced more than 300,000 people between October 20 and November 21, the UN reports. Approximately 110,000 people reside in areas occupied by M23 as of November 12 and face numerous protection violations, including gender-based violence (GBV), forced recruitment by armed groups, looting of homes and shops, theft of property and livestock, and torture. Approximately half of the displaced individuals are sheltering with host communities, while many others are staying in collective sites and centers, including churches, schools, and stadiums. Relief actors note that the occupation of schools and the use of education facilities as shelters by internally displaced persons (IDPs) is particularly worrying, as it can generate protection risks for children, including increased risk and incidence of domestic violence, forced labor, and sexual abuse. FARDC–M23 clashes have also led to the complete destruction and looting of Rutshuru’s Rwasa II IDP site, which previously housed approximately 24,000 people. Relief actors report that emergency food, health, nutrition, protection, shelter, and water, sanitation, and hygiene (WASH) assistance are priority needs among affected populations. However, approximately 80 percent of areas controlled by M23 remains inaccessible to humanitarian actors, the UN reports, with the route connecting North Kivu’s capital city of Goma and Rutshuru’s Rutshuru town particularly closed-off due to ongoing fighting.

In response to the rapid increase in humanitarian needs driven by displacement in Rutshuru, USAID/BHA partner the UN World Food Program (WFP) provided in-kind emergency food assistance distributions to more than 44,000 IDPs between November 1 and 6 in Nyiragongo’s Kanyaruchinya and Munigi localities. The program aims to provide beans, cooking oil, maize flour, and salt to meet as many as 64,000 people’s dietary needs for at least 15 days. USAID/BHA partners the UN Children’s Fund (UNICEF) and the International Federation of Red Cross and Red Crescent Societies (IFRC) also supported approximately 2,500 families in Nyiragongo’s Kibati town with emergency food assistance and emergency relief items through the USAID/BHA-funded Rapid Response Mechanism between November 9 and 15.

### More Than 26 Million People Expected to Face Acute Food Insecurity Through December

An estimated 26.4 million people—a majority of whom are located in conflict-affected areas in eastern Democratic Republic of the Congo (DRC)—are projected to experience Crisis—IPC 3—or worse levels of acute food insecurity through December, including 3.8 million people who are expected to face Emergency—IPC 4—conditions, according to an IPC analysis released in October.<sup>2</sup> Low levels of agricultural production, high food prices, a lack of basic infrastructure, and widespread poverty are among the key drivers of persistent acute food insecurity nationwide, while in eastern DRC conflict and related displacement continue to exacerbate food security concerns among affected populations. However, IPC projects that, between January and June 2023, the number of people facing Crisis or worse levels of acute food insecurity will decrease to 24.5 million, as populations in central and northern DRC begin harvesting crops. Nevertheless, current levels of acute food insecurity will likely persist in conflict-affected areas, where nearly 832,000 people are projected to experience Emergency levels of acute food insecurity through June 2023, particularly in Ituri and North Kivu provinces.

<sup>2</sup> The Integrated Food Security Phase Classification (IPC) is a multi-partner initiative that developed a standardized scale to classify the severity and magnitude of food insecurity. The IPC scale, which is comparable across countries and time, ranges from Minimal—IPC 1—to Famine—IPC 5—for acute food insecurity.

Moreover, IPC projects continued increases in the prices of agricultural inputs, basic food commodities, and fuel nationwide—exacerbated by the Government of the Russian Federation’s invasion of Ukraine—which will likely further challenge households’ ability to afford enough nutritious food in the coming months.

### **ADF Attacks in Beni Exacerbate Civilian Protection Risks**

Recurrent attacks by Allied Democratic Forces (ADF) elements and other armed groups in North Kivu’s Beni Territory exacerbated civilian protection risks throughout September and October, resulting in an estimated 49 civilian deaths, as well as the destruction of public infrastructure, the kidnapping of more than 20 individuals, and waves of displacement, according to the UN and relief actors. In Beni’s Vuhovi Health Zone, relief actors continue to raise concerns about the persistent risks toward civilians generated by explosive remnants of war amid the presence of ADF and Mai-Mai elements. Moreover, continued attacks by ADF elements in Beni during September and October prompted new community mobilization in support of local Mai-Mai groups, increasing risks of the recruitment and use of children.

During October, ADF attacks on health centers in Beni further exacerbated civilian protection risks, with an October 20 attack on a hospital killing at least seven civilians, including medical staff, according to international media. On November 9, the ADF looted and burned another local hospital in Beni’s Kabasha town—an area which hosts a significant number of IDPs—despite the presence of FARDC troops in the area. Consistent attacks by ADF elements and other armed groups risk disrupting or delaying the delivery of humanitarian assistance to more than 250,000 people in Beni’s Kamango and Oicha Health Zones as of September 23, the UN reports. Relief actors also warn that ADF activity along the National Road 2 highway risks hindering humanitarian access and the transport of goods between Beni’s Beni and Butembo towns, as well as local populations’ access to health care services.

### **Violence in Kwilu and Mai-Ndombe Continues to Drive Displacement, Limit Humanitarian Access**

Violent clashes between members of the Teke and Yaka ethnic communities in Kwilu and Mai-Ndombe have resulted in at least 180 deaths and internally displaced more than 48,000 people since July, while an additional 2,600 people have been displaced to the Republic of Congo as of late October, according to the UN. Although the number of violent incidents in both provinces decreased slightly during October compared to previous months, sporadic attacks persisted in Kwilu’s Bagata Territory and Mai-Ndombe’s Kwamouth Territory, despite efforts by local authorities to protect civilians and strengthen cohabitation between the Teke and Yaka communities. Nearly 30 people were killed in both territories between October 11 and 18 alone, the UN reports.

Relief actors have raised concerns over the precarious conditions faced by IDPs residing in host communities throughout Kwilu and Mai-Ndombe. In Kwilu’s capital city of Bandundu, eight people died at IDP sites from October 1 to 24, according to local authorities. Moreover, humanitarian actors face significant physical and security access challenges in reaching populations affected by communal violence in Kwilu and Mai-Ndombe, including Kwilu’s Kikongo Health Zone, which hosts more than half of the recently displaced IDPs in the two provinces. Kikongo remained accessible only by river and motorbike from Bandundu as of October 24, according to the UN.

In response to humanitarian needs among conflict-affected populations in Kwilu and Mai-Ndombe, the Government of the DRC (GoDRC) and USAID/BHA partners—including UNICEF and the UN Population Fund (UNFPA)—provided food, health, protection and WASH assistance to affected populations. USAID/BHA partners are coordinating closely with relevant stakeholders, including

community leaders and UN agencies, to ensure that humanitarian needs among conflict-affected populations are met in a timely manner.

## Populations in Tanganyika Face Protection Risks, Cholera

Vulnerable populations—including host community members, IDPs, and returnees—in southeastern DRC’s Tanganyika Province face continued protection risks, including extortion, forced labor, the forced recruitment of children into armed groups, GBV, kidnapping, and looting of property, among other grave concerns. In particular, the UN documented more than 2,300 cases of GBV in Tanganyika between April and June, constituting a 60 percent increase compared to the first three months of 2022. More than 45 percent of the reported cases of GBV occurred in Tanganyika’s Kalemie Territory, with Nyunzu and Kabalo territories reporting the next-highest incidence of GBV. Relief actors note that protection concerns are often linked to other humanitarian needs; for example, lack of access to safe drinking water forces women and children to walk miles to obtain potable water, increasing the time they are exposed to potential assaults. USAID/BHA partners are providing assistance to vulnerable populations affected by protection risks in Tanganyika, with partner the Norwegian Refugee Council offering shelter support to relocated individuals in Kalemie. Partners Catholic Relief Services, Concern, and World Relief International are also providing agriculture and livelihood assistance to displaced populations and host communities in the territory.

Inadequate WASH infrastructure in many areas of Tanganyika has also aggravated an ongoing cholera outbreak and hindered the effectiveness of response efforts, with the GoDRC reporting more than 170 cases in the province between October 17 and 23 alone. Between January and September, the number of cholera-related deaths in Tanganyika increased tenfold compared to the same period in 2021, with the more rapid spread of the disease in October further increasing the risk of transmission. Relief actors remain concerned that a current month-long closure of the Bendera power plant in Nyunzu for routine maintenance could further hinder access to safe drinking water for households in Kalemie and Nyunzu, which in turn may raise the risk of cholera transmission. In response to ongoing WASH needs related to the cholera outbreak, USAID/BHA partners the International Medical Corps and Oxfam have adapted existing WASH programs to support the cholera response in coordination with local authorities in Kalemie city.

### KEY FIGURES



**1.3 Million**

People provided with food and nutrition assistance in September by WFP

### U.S. GOVERNMENT RESPONSE

#### FOOD SECURITY AND NUTRITION

USAID/BHA partners, including WFP, continue to provide emergency food assistance to host community members, IDPs, refugees, and other vulnerable populations facing acute food insecurity in the DRC. With more than \$189.7 million in USAID/BHA support in FY 2022 and nearly \$10.6 million to date in FY 2023, non-governmental organization (NGO) and UN partners are providing cash transfers for food, food vouchers, and in-kind food assistance—including U.S.-sourced commodities—to help vulnerable households meet their basic food needs.

USAID/BHA provided more than \$58.9 million in FY 2022 funding to help partners identify and treat individuals facing acute malnutrition. UN agency



**\$58.9 Million**

In dedicated USAID/BHA support for nutrition assistance in FY 2022

and NGO partners also conduct activities to support improved food security and nutrition outcomes, such as distributing tools and seeds to bolster household agricultural production and conducting awareness campaigns on dietary needs. Additionally, USAID/BHA provides funding to strengthen the coordination of nutrition and food security interventions and ensure critical assistance is reaching the most vulnerable populations.



**\$44.3 Million**

In dedicated USAID/BHA support for life-saving health programming in FY 2022

## HEALTH

USAID/BHA provided approximately \$44.3 million in FY 2022 funding to expand community access to primary health care services in conflict-affected areas of the DRC, including increasing the availability of essential medicines and supplies and supporting disease surveillance and response efforts, among other activities. Notably, USAID/BHA supports the procurement and distribution of post-exposure prophylaxis kits, as well as related health worker training, bolstering the clinical management of GBV cases in health facilities across five provinces. USAID also supports health messaging efforts, encouraging the adoption of recommended health and hygiene best practices to prevent the spread of communicable diseases, including coronavirus disease (COVID-19). Partners of the U.S. Department of State's Bureau of Population, Refugees, and Migration (State/PRM) support primary health care, including maternal and child health care and procurement of essential medicines and equipment, for refugees from neighboring Central African Republic (CAR) in the DRC's Nord-Ubangi and Sud-Ubangi provinces. State/PRM also supports the Office of the UN High Commissioner for Refugees (UNHCR) to provide essential medicines and nutrition supplies to health centers to camps sheltering refugees from CAR in Nord-Ubangi and Sud-Ubangi.



**\$21.3 Million**

In dedicated USAID/BHA support for protection programming in FY 2022

## PROTECTION

U.S. Government (USG) humanitarian partners conduct critical protection services in response to needs in conflict-affected areas of the DRC. USAID/BHA provided approximately \$21.3 million in FY 2022 support and has provided nearly \$198,000 in FY 2023 to date to partners implementing protection activities in the country, including the establishment of safe spaces for children and survivors of GBV and the provision of child protection and psychosocial support services, among other activities. Meanwhile, State/PRM partner UNHCR provides displaced households and host community members with core relief item kits and distributes dignity kits to women and girls.



**\$22.8 Million**

In dedicated USAID/BHA support for shelter and settlements programming in FY 2022

## SHELTER AND SETTLEMENTS

With more than \$22 million in FY 2022 funding, USAID/BHA partners are providing shelter assistance to IDPs and returnees in crisis-affected areas of the DRC. USG partners play a leading role in constructing emergency shelters for displaced individuals and managing IDP and refugee camps in the DRC. USAID/BHA partners also provide longer-term shelter solutions for returnees in areas where the situation has stabilized, paired with legal

assistance to help families secure land for farming and habitation in areas where IDPs are resettled. State/PRM partner UNHCR has established hubs for assistance activities, such as cash transfers to refugees and host community members, in three provinces hosting CAR refugees. In response to violence in Rutshuru, the UN agency had constructed more than 1,000 new emergency shelters in eastern DRC, including temporary shelters for people with disabilities, as of mid-September. USG partners also provide relief commodities and household items, including blankets, mats, tools, and water containers, to meet IDP, returnee, and refugee households' basic needs.



**\$59.7 Million**

In dedicated USAID/BHA support for WASH programming in FY 2022

## **WASH**

USAID/BHA provided approximately \$59.7 million in FY 2022 funding and has provided more than \$11.4 million in FY 2023 to date to support WASH activities countrywide, helping to improve access to safe drinking water and sanitation infrastructure and reduce the spread of infectious diseases, such as cholera and measles. USG-supported activities include constructing and rehabilitating WASH infrastructure, including hand washing stations, latrines, showers, and water points; transporting emergency water reserves to IDP and refugee sites; and distributing hygiene kits and other essential WASH commodities. State/PRM partner UNHCR and its partners have constructed community latrines and bathing rooms and provided other forms of assistance to refugees from CAR in North Ubangi's Modale Development Hub. In response to humanitarian needs in Rutshuru, UNHCR had also built nearly 50 collective kitchens, latrines, and shower blocks in eastern DRC to improve WASH conditions and prevent the spread of disease as of mid-September.

## CONTEXT IN BRIEF

- Despite the implementation of a peace agreement in 2003, fighting between forces loyal to the GoDRC and various armed entities, including the Democratic Forces for the Liberation of Rwanda and Mai Mai elements, continues to contribute to high levels of insecurity and population displacement in eastern DRC.
- Violence, restricted humanitarian access, poor infrastructure, forced recruitment into armed groups, and reduced access to agricultural land and traditional markets have contributed to the deterioration of humanitarian conditions in several parts of the DRC, triggering widespread internal displacement and refugee outflows.
- Citing a rising number of armed group attacks against civilians, President of the DRC Félix Tshisekedi declared a 30-day state of siege in Ituri and North Kivu on May 6, 2021, which remains in effect as of November 2022. The GoDRC edict vastly expands the powers of the FARDC in the two provinces, allowing military officials to temporarily assume control of the provincial governments.
- Renewed clashes between the FARDC and M23 in Rutshuru and Nyiragongo starting in late October 2022 have displaced hundreds of thousands of people, generating increased protection violations and humanitarian need in the area.
- On October 4, 2022, U.S. Chargé d’Affaires Stephanie Miley renewed a declaration of humanitarian need for FY 2023 due to ongoing complex emergency conditions in the DRC, citing the significant level of unmet humanitarian needs in the DRC exceeding the government’s capacity to respond and the willingness of the GoDRC to accept humanitarian assistance.

### USG HUMANITARIAN FUNDING FOR THE DRC RESPONSE IN FY 2023<sup>1,2</sup>

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
<b>USAID/BHA</b>			
CONCERN	Agriculture, Economic Recovery and Market Systems (ERMS), Food Assistance, WASH	Tanganyika	\$13,596,031
Mercy Corps	Agriculture, ERMS, Food Assistance, Humanitarian Coordination, Information Management, and Assessments, Multipurpose Case Assistance, Protection, WASH	Ituri, North Kivu, South Kivu, Tanganyika	\$22,183,673
Programme de Promotion de Soins de Sante Primaire	WASH	North Kivu	\$500,000
Tearfund	Agriculture, WASH	North Kivu	\$5,916,931
	Program Support		\$17,954
<b>TOTAL USAID/BHA FUNDING</b>			<b>\$42,214,589</b>
<b>TOTAL USG HUMANITARIAN FUNDING FOR THE DRC RESPONSE IN FY 2023</b>			<b>\$42,214,589</b>

<sup>1</sup> Year of funding indicates the date of commitment or obligation, not appropriation, of funds. Funding figures reflect publicly announced funding as of November 22, 2022.

<sup>2</sup> Estimated value of food assistance and transportation costs at time of procurement, subject to change.



## PUBLIC DONATION INFORMATION

- The most effective way people can assist relief efforts is by making cash contributions to humanitarian organizations that are conducting relief operations. A list of humanitarian organizations that are accepting cash donations for disaster responses around the world can be found at [interaction.org](https://www.interaction.org).
- USAID encourages cash donations because they allow aid professionals to procure the exact items needed (often in the affected region); reduce the burden on scarce resources (such as transportation routes, staff time, and warehouse space); can be transferred very quickly and without transportation costs; support the economy of the disaster-stricken region; and ensure culturally, dietarily, and environmentally appropriate assistance.
- More information can be found at:
  - USAID Center for International Disaster Information: [cidi.org](https://www.cidi.org)
  - Information on relief activities of the humanitarian community can be found at [reliefweb.int](https://www.reliefweb.int).

USAID/BHA bulletins appear on the USAID website at [usaid.gov/humanitarian-assistance/where-we-work](https://www.usaid.gov/humanitarian-assistance/where-we-work)