



Democratic Republic of the Congo – Complex Emergency

NOVEMBER 24, 2023



- M23-related violence in eastern DRC's North Kivu Province has resulted in dozens of civilian deaths and at least 450,000 people displaced since October I, the UN reports. Insecurity and resulting displacement have placed additional stress on host and IDP communities already facing significant humanitarian needs, according to relief actors.
- Approximately 25.4 million people will likely experience Crisis—IPC 3—or worse levels of acute food insecurity in the DRC between July and December 2023, primarily due to conflict and high staple food prices, according to an IPC analysis.
- USAID/BHA partner WFP reached 1.5 million people in September with emergency food assistance, including a distribution of U.S.-provided wheat in eastern DRC.



¹ FY 2024 funding for the Democratic Republic of the Congo (DRC) Complex Emergency will be included in future products when committed/obligated. For information on the U.S. Government (USG)'s funding toward the response in FY 2023, refer to DRC Fact Sheet #6 released on September 30, 2023, available on the USAID website at https://www.usaid.gov/humanitarian-assistance/where-we-work.

KEY DEVELOPMENTS

M23 Clashes Displace 450,000 People and Hinder Assistance Delivery

A March 23 Movement (M23) offensive in North Kivu, located in eastern DRC, and related clashes with the Armed Forces of the DRC (FARDC) and other armed groups since October I have resulted in dozens of civilian deaths, damage to civilian houses and infrastructure, and the displacement of more than 450,000 people from North Kivu's Masisi, Nyiragongo, and Rutshuru territories as of November 14, according to the UN. Most displaced individuals are sheltering with host communities, while others have fled to formal and spontaneous internally displaced person (IDP) sites as of late October, the UN reports. Notably, the conflict damaged the main electric lines supplying North Kivu's capital city of Goma, preventing most residents of surrounding IDP sites from pumping potable water from safe sources for at least two days, local and international media report. Clashes continued to threaten civilians and limit humanitarian access to conflict-affected areas as of mid-November, according to the UN. In response to the insecurity, UN Organization Stabilization Mission in the DRC (MONUSCO) and FARDC forces launched Operation Springbok, a military operation intended to improve civilian security in and around North Kivu's strategic towns of Goma and Sake, in early November, local media report.

Displacement within the affected territories and southward toward Goma—areas which already hosted more than 874,000 IDPs as of late October—has strained the limited existing resources within host communities, according to the International Organization for Migration (IOM) and other relief actors. Meanwhile, insecurity has hindered relief actors' capacity to reach affected populations, resulting in unmet humanitarian needs. Recently displaced populations in Masisi, Nyiragongo, and Rutshuru cited essential household items, food, health, shelter, and water, sanitation, and hygiene (WASH) assistance as their highest priority needs as of October 31, according to the UN. Despite access challenges, relief actors—including USAID Bureau for Humanitarian Assistance (USAID/BHA) partners—have continued to provide life-saving assistance as conditions allow. In addition, the UN allocated \$10 million from its Central Emergency Response Fund (CERF) on October 28 to provide immediate support including food, health, protection, shelter, and WASH assistance to 97,000 newly displaced people, the UN reports.

Suspected ADF Attacks Result in Civilian Deaths in Ituri and North Kivu

Suspected Allied Democratic Forces (ADF) armed group attacks in Ituri Province, and increasingly in North Kivu since at least October, continue to generate displacement and result in protection violations, likely discouraging IDPs from returning to affected areas, according to the UN. Between October 31 and November 9, attacks in Ituri's Irumu and Mambasa territories resulted in at least 46 civilian deaths and 28,000 people displaced to surrounding areas. Additionally, FARDC and Uganda Peoples' Defense Forces operations targeting ADF elements in Ituri have increasingly pushed ADF activity toward North Kivu's northern Beni Territory, particularly Beni's Oicha Health Zone, in recent months, according to local media. ADF-attributed attacks in Oicha between October 22 and November 13 resulted in the deaths of at least 60 adults and children, injury to dozens of others, and the displacement of at least 1,500 people, according to local and international media and the UN. The perpetrators also looted and set fire to houses and other property during at least some of the attacks, further disrupting civilians' livelihoods. In response to the late October attacks in Oicha, civil society actors in Beni's Mamove town organized a demonstration on October 24 calling for intensified military operations against the ADF to better protect civilians, local media report. Relief actors note that most conflict-affected populations in Beni, Irumu, and Mambasa remained in need of emergency food, health, shelter, and protection assistance as of mid-November.

Conflict Drives High Levels of Acute Food Insecurity Across the DRC

| IPC Status July 2023–December 2023 | |
|--|--|
| Phase 5 | 0 people in Catastrophe |
| Phase 4 | 3,531,289 people in Emergency |
| Phase 3 | 21,866,626 people in Crisis |
| Phase 2 | 49,740,503 people in Stress |
| Phase I | 34,456,568 people Minimally Food Insecure |

Nearly 25.4 million people will likely experience Crisis—IPC 3—or worse levels of acute food insecurity in the DRC between July and December 2023 according to a September IPC analysis, representing a decrease of approximately 400,000 food-insecure people compared to the IPC's January-to-June reporting period.² Nonetheless, the DRC has one of the largest populations of food-insecure people in the world. Of the 25.4 million total individuals facing acute food insecurity, IPC estimates that 3.5 million people will likely experience Emergency—IPC 4—conditions. Numerous factors continue to limit livelihood opportunities and constrain household purchasing power, particularly conflict, torrential rains and subsequent flooding that result in crop and livestock losses, and increases in some staple food prices by approximately 10 to 25 percent as of September compared with their annual averages for 2022, according to the IPC analysis. IPC highlighted deteriorated conditions in South Kivu, where the estimate of 1.5 million people—21 percent of the population—experiencing Crisis or worse conditions as of August represents a 30 percent increase since April, likely due in part to relief actors' concentration of food assistance in Ituri and North Kivu, the UN World Food Program (WFP) reports.

Incidents Against Humanitarian Workers Disrupt Assistance in South Kivu

The UN has expressed growing concern regarding the safety of humanitarian actors in South Kivu's Fizi Territory amid recurring attacks against IDP sites and relief actors in late October and early November, which highlight some armed actors' hostility to the presence of IDP sites and humanitarian organizations in their communities. On November 13, unknown armed actors ambushed a convoy of nongovernmental organization (NGO) vehicles traveling through Fizi, briefly abducting 30 staff members, looting the convoy, and setting fire to three vehicles, the UN reports. Additionally, Fizi's Malicha IDP site, which hosts approximately 5,400 IDP households who fled armed violence in the South Kivu highlands since late 2022, has experienced at least two instances of armed actors setting fire to IDP shelters since September. Between April and June, the UN estimates that 25 security incidents delayed or otherwise hindered humanitarian assistance benefiting 841,000 people in South Kivu.

WASH Gaps Remain a Barrier to Curbing Ongoing Cholera Outbreak

The Government of the DRC (GoDRC) recorded nearly 43,000 cases of cholera, which has been endemic in eastern DRC since December 2022, and 378 associated deaths throughout the DRC between January and late October. Nearly 27,000 cases—62 percent of the total—occurred in North Kivu alone. In contrast, the DRC recorded 5,100 total cases in 2022, the UN reports. Health actors largely associate the outbreak with persistent gaps in WASH infrastructure and access to safe water sources among the DRC's displaced population, which totaled nearly 7 million people as of late October, IOM reports. For example, nearly I million IDPs sheltering in Ituri's Djugu, Irumu, Mahagi, and Mambasa territories lacked access to adequate WASH infrastructure such as handwashing stations, latrines, and

² 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 I—to Famine—IPC 5—for acute food insecurity. IPC Phase 5 is referred to as "Catastrophe" when classifying a household and "Famine" when classifying an area. Famine conditions occur when at least 20 percent of the population in a given area face an extreme lack of food; the Global Acute Malnutrition prevalence, measured by weight-for-height z-score, exceeds 30 percent; and the mortality rate exceeds two people per 10,000 individuals per day.

potable water access points as of mid-October, according to the WASH Cluster—the coordinating body for humanitarian WASH activities, comprising UN agencies, NGOs, and other stakeholders. Prolonged periods of high cholera caseloads—health actors recorded an average of approximately one thousand cases per week between April and October—are straining already-overstretched health resources in the DRC and limiting health workers' capacity to adequately respond to the outbreak, along with other diseases and conflict-related injuries, the UN World Health Organization (WHO) reports.

Nearly 3 Million People Receive Assistance Under System-Wide Scale-Up

Despite persistent funding shortfalls and insecurity, relief actors, including USAID/BHA partners, have cumulatively reached nearly 3 million of the more than 5 million people targeted for life-saving humanitarian assistance in Ituri, North Kivu, and South Kivu since the activation of the Inter-Agency Standing Committee System-Wide Scale-Up in June through September, according to the UN. During this period, humanitarian actors provided emergency food assistance, including in-kind food distributions and livelihood support activities, to nearly 1.9 million people. Nearly 3 million people—65 percent of those targeted in the scale-up plan—have received health support, while WASH programs have provided access to safe drinking water and hygiene services for more than 2.8 million of the 3.4 million people targeted for assistance. However, relief actors had reached only 15 percent—178,000 individuals—of those targeted for child protection support, 16 percent—149,000 people—of those targeted for gender-based violence (GBV) prevention and protection activities, and 16 percent—133,000 people—of targeted shelter assistance recipients as of September due to funding and access constraints.

Relief Actors Warn of Elevated Protection Risks Across DRC in 2023

Civilians across the DRC face a high risk of protection violations due to armed group activity and limited access to critical services and food, which has prompted many displaced individuals to resort to harmful coping mechanisms such as begging and survival sex to meet their basic needs as of October, according to relief actors. The UN recorded nearly 150,000 protection violations—such as abduction, assault, and extortion, including 56,000 cases of GBV—against civilians in Ituri, North Kivu, and South Kivu between January and September. In Tanganyika Province, an October analysis by the GBV Area of Responsibility (GBV AoR) classified eight of the province's eleven health zones as facing "catastrophic" levels of GBV risk—the GBV AoR's most severe classification—largely due to increased armed group activity since late 2022. The UN also estimates that more than 1,700 grave protection violations—including abduction, forced recruitment by armed groups, GBV, and killing and maiming—affected children in the DRC between January and June, representing a 41 percent increase compared to the same period in 2022. In response, relief organizations, including USAID/BHA partner the UN Children's Fund (UNICEF), provide support services to affected children and adults in the DRC and work to reduce risk factors for violations. However, the UN reports the 2023 Humanitarian Response Plan for the DRC has received only 40 percent of requested funding for protection as of November 14, limiting relief actors' reach.

KEY FIGURES



People reached with food assistance between January and 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 populations at risk of acute food insecurity in the DRC. NGO and UN partners are providing cash transfers for food, food vouchers, and in-kind food assistance—including U.S.-sourced commodities—to help households meet their basic food needs. With USAID/BHA and other donor funding, WFP assisted approximately 4.4 million people—including 2.9 million in Ituri, North Kivu, and South Kivu—with cash to purchase food, in-kind food distributions, and nutrition assistance between January and September. WFP provided emergency food assistance to 1.5 million people across the DRC in September alone, including through the distribution of the first round of USAID/BHA-provided wheat to IDPs in Ituri, North Kivu, and South Kivu.

Number of USAID/BHA partners implementing critical nutrition programs in the DRC



Measles vaccines provided by USAID/BHA partner UNICEF between January and June



People reached by UNICEF's GBV prevention and response activities in September USAID/BHA currently supports 11 UN agencies and NGO partners to identify and treat acute malnutrition across the DRC. USAID/BHA partner UNICEF screened nearly 10,000 children ages five years and younger for acute malnutrition during September and referred 2,500 children experiencing severe acute malnutrition for further treatment. To support improved food security and nutrition outcomes in the longer term, USAID/BHA partners also distribute tools and seeds to bolster household agricultural production and conduct awareness campaigns on dietary needs and infant and young child feeding best practices. USAID/BHA funding also aims to strengthen the coordination of nutrition and food security interventions and ensure assistance reaches the most at-risk populations.

HEALTH

With USG support, NGO and UN partners are working to expand community access to free primary health care services in areas of high displacement by increasing the availability of essential medicines and supplies, providing health worker training, and supporting disease surveillance and response efforts. Notably, USAID/BHA partners support the procurement, distribution, and training on the use of post-exposure prophylaxis kits, bolstering the clinical management of rape in health facilities across five provinces. USAID/BHA also funds health messaging efforts that spread awareness of health and hygiene best practices to prevent the transmission of communicable diseases such as cholera. USAID/BHA partner UNICEF supported clinics to provide primary care for nearly 125,000 children ages five years and younger and pregnant women, in addition to providing the GoDRC with 500,000 doses of measles vaccines, between January and June. U.S. Department of State Bureau of Population, Refugees, and Migration (State/PRM) partner the Office of the UN High Commissioner for Refugees (UNHCR) also supported the vaccination of more than 15,000 children, primarily refugees from the Central African Republic, against measles in Nord-Ubangi Province's Bili and Inke refugee sites and Sud-Ubangi Province's Boyabu and Mole sites in October.

PROTECTION

While protection considerations are integrated into all USG humanitarian programming, USG partners also support critical protection services in conflict-affected areas of the DRC. USAID/BHA provides funding that enables partners to implement protection activities such as child protection and psychosocial support services and the establishment of safe spaces for children and survivors of GBV. In September alone, UNICEF provided GBV mitigation, prevention, and multi-sector response services to nearly 100,000 people in the DRC. Additionally, State/PRM partner UNHCR provides GBV prevention and response activities, including mental health and psychosocial support services and sensitization for refugees and host communities on sexual abuse, exploitation, and violence. UNHCR's interventions also include transformative programming focused on changing attitudes including among men and boys—that condone violence against women and girls at the community level.

SHELTER AND SETTLEMENTS

USG partners play a leading role in constructing emergency shelters for displaced individuals and managing IDP and refugee sites in the DRC. USAID/BHA provides funding and in-kind relief commodities such as tarps to UN agencies and NGOs providing shelter assistance to IDPs and returnees in crisis-affected areas of the DRC. USAID/BHA partners also provide longer-term shelter solutions for returnees in more stable areas, paired with legal assistance to help returnee families secure land for farming and habitation in their resettlement areas.

WASH

USAID/BHA continues to support NGO and UN partners implementing WASH activities countrywide, improving access to safe drinking water and sanitation infrastructure to help reduce the spread of infectious diseases like cholera. USG-supported activities include constructing and rehabilitating WASH infrastructure, such as handwashing stations, latrines, showers, and water points; distributing hygiene kits and other essential WASH commodities; and transporting emergency water reserves to IDP and refugee sites. By improving critical WASH infrastructure, UNICEF facilitated access to safe drinking water for more than 311,000 individuals and reached more than 173,000 people with hygiene promotion messages across lturi, North Kivu, and South Kivu in September. State/PRM partner UNHCR also provided WASH support, including building 30 family latrines for refugee households with special needs, in Nord-Ubangi and Sud-Ubangi in October.

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, M23, Mai Mai elements, and militias affiliated with the Hema and Lendu ethnic groups, 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.





Provinces in which USAID/BHA partners are implementing WASH programs

- Since March 2022, renewed clashes between the FARDC, M23, and other armed groups in Rutshuru have displaced hundreds of thousands of people within North Kivu and to South Kivu, straining humanitarian capacity in areas receiving IDPs. IDPs are facing significant disease and protection risks due to inadequate access to shelter and other emergency assistance, particularly in the outskirts of Goma, where many people have fled following the escalation of conflict in October 2022. Relief organizations also report severely restricted access to M23-controlled areas of North Kivu, where access to basic services and food is likely limited.
- On October 12, 2023, U.S. Ambassador Lucy Tamlyn renewed a declaration of humanitarian need for FY 2024 due to ongoing complex emergency conditions in the DRC.

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.
- 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:
 - o USAID Center for International Disaster Information: cidi.org
 - o Information on relief activities of the humanitarian community can be found at reliefweb.int.

USAID/BHA bulletins appear on the USAID website at usaid.gov/humanitarian-assistance/where-we-work