

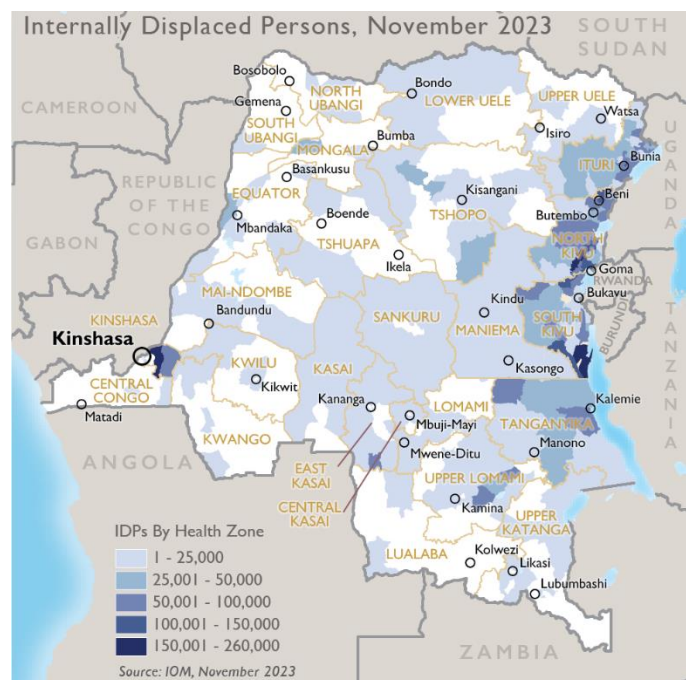
Democratic Republic of the Congo – Complex Emergency

JANUARY 25, 2024

SITUATION AT A GLANCE

<p>113.6 MILLION</p> <p>Population of the DRC</p> <p><i>UN – December 2023</i></p>	<p>25.4 MILLION</p> <p>Population in Need of Assistance</p> <p><i>UN – December 2023</i></p>	<p>6.9 MILLION</p> <p>Number of IDPs in the DRC</p> <p><i>IOM – October 2023</i></p>	<p>1 MILLION</p> <p>Congolese Refugees and Asylum-Seekers in Nearby Countries</p> <p><i>UNHCR – November 2023</i></p>	<p>522,260</p> <p>Refugees and Asylum-Seekers Sheltering in the DRC</p> <p><i>UNHCR – November 2023</i></p>
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- Armed clashes in eastern DRC continue to drive displacement and expose IDPs to GBV and cholera amid high protection and WASH needs.
- Heavy rainfall and flooding between October 2023 and January 2024 resulted in at least 300 deaths and affected approximately 300,000 households.
- An estimated 1.7 million people across the DRC are projected to experience acute malnutrition between January and June.
- Relief actors—including USG partners—reached more than 3.7 million people with life-saving assistance between June and November 2023.



TOTAL U.S. GOVERNMENT HUMANITARIAN FUNDING	USAID/BHA ¹	\$232,418,453
For the DRC Response in FY 2024	State/PRM ²	\$3,300,000
Total		\$235,718,453

For complete funding breakdown with partners, see detailed chart on page 6

¹ USAID's Bureau for Humanitarian Assistance (USAID/BHA)

² U.S. Department of State's Bureau of Population, Refugees, and Migration (State/PRM)

KEY DEVELOPMENTS

M23-Related Conflict Leads to Displacement and Rising GBV Cases in North Kivu Amid Limited Support Services

The renewal of clashes between the Armed Forces of the Democratic Republic of the Congo (FARDC), FARDC-aligned armed groups, and the March 23 Movement (M23) armed group in North Kivu Province has displaced hundreds of thousands of people since October, bringing the total number of internally displaced persons (IDPs) in the province to approximately 2.5 million people as of December 31, according to the UN. Recently, clashes between the FARDC and M23 from January 8 to 11 displaced approximately 19,500 people from North Kivu's Mweso Health Zone in Masisi Territory toward Mweso town and nearby communities, spontaneous sites near Masisi's Kitshanga town, and into Kitshanga's Mungote IDP site as of January 17, relief actors report. Displaced individuals are in urgent need of basic household items; food; health; protection; shelter; and water, sanitation, and hygiene (WASH) support. The risk of continued escalation and displacement remains high as of mid- to late January, following the FARDC's intensification of drone attacks on M23 positions in Kitshanga on January 16 and M23's threats of retaliation, according to regional media.

The conflict and subsequent displacement continue to exacerbate protection needs across the eastern Democratic Republic of the Congo (DRC), with civilians experiencing high levels of protection violations—including abductions, arbitrary killings, extortion, and gender-based violence (GBV) in recent months. In North Kivu, specifically, at least 6,000 GBV cases occurred between October and November, according to the Protection Cluster. Notably, the cluster recorded a significant increase in sexual violence cases in northeastern Masisi and in southwestern parts of neighboring Rutshuru Territory, where nearly 1,200 GBV incidents were reported across both areas during October and November. Armed actors committed many of these violations against women and girls attempting to fulfill basic needs, such as traveling to and from agricultural fields, forests, markets, and water points. GBV risks also remained high while fleeing violence and in reception areas for new IDPs, with GBV cases increasing alongside displacement between September and November, the cluster reports. Relief actors note that a significant number of protection violations are unreported, and therefore the number of reported cases is likely an undercounting of actual incidents. IDPs also resorted to harmful coping strategies, such as survival sex, to meet their basic needs due to lack of assistance and other livelihood opportunities. Amid the rise in protection violations, support for survivors of GBV remains limited, as service providers continued to report barriers to care delivery in November, including insufficient quantities of HIV post-exposure prophylaxis kits. Social stigma and fear of retaliation by partners or perpetrators also discourages many survivors from accessing care, according to USAID/BHA partner REACH.

Cholera Cases Rise in December As Violence in North Kivu Degrades Health and WASH Conditions

The influx of IDPs fleeing M23-related conflict since October has degraded WASH conditions in both formal and informal IDP sites in eastern DRC, contributing to the spike in cholera cases observed across the region in November and December. The number of suspected cholera cases in North Kivu rose more than 50 percent—from approximately 1,300 to 2,020 suspected cases—between October and November, according to USAID/BHA partner the UN Children's Fund (UNICEF). In December, the Health Cluster recorded approximately 3,390 cases in the province, including 1,040 suspected cholera cases from December 11 to December 17, the most cases in a single week since March 2023. The majority of recorded cholera cases in the province occurred in IDP sites, including Bulengo and Rusayo I, according to health officials. More than 40 percent of the cases reported in North Kivu were among children younger than 18 years of age, and more than 25 percent of cases occurred among children ages

five years and younger. The number of cholera cases has decreased slightly in recent weeks, with the Health Cluster recording approximately 470 cases of cholera across North Kivu in the first week of January.

Additionally, the increasing arrivals of IDPs from North Kivu fleeing M23-related violence has strained the already limited health and WASH services in neighboring South Kivu Province. Access to medical care for IDPs remains a significant challenge in South Kivu's Kalehe Territory, particularly Minova Health Zone, given the arrival of more than 20,000 IDPs in December, the UN reports. Minova reported nearly 100 cases of cholera in the first two weeks of December. Despite high needs in Minova, humanitarian actors have faced challenges providing health services due in part to physical and security-related access constraints. Additionally, an uptick in clashes in Masisi since the beginning of January led to an influx of IDPs in Bweremana town in North Kivu's Kirotshu Health Zone, exacerbating already existent gaps in WASH infrastructure, according to the WASH Cluster. For example, approximately 110 latrines served more than 8,600 households as of January 19. While relief actors provided WASH assistance in Bweremana and neighboring areas in December, the flow of IDPs in January has outpaced current response capacities, presenting challenges in maintaining hygienic conditions.

Flooding Affects 300,000 Households Between October and January

Heavy rainfall between October 2023 and early January 2024 caused the Congo River and its tributaries to rise, leading to flooding which resulted in the deaths of at least 300 people, adversely affected at least 300,000 households, and damaged more than 43,000 houses and 300 health centers across the DRC, according to international media. Notably, late-December flooding in the DRC's capital city of Kinshasa, as well as in Equator, Mongala, North Ubangi, South Ubangi, Tshopo, and Upper Uele provinces affected nearly 230,000 individuals as of January 6, according to the Congolese Red Cross. In Maniema Province's Punia Health Zone, heavy rains adversely affected approximately 9,000 people and destroyed hundreds of cassava and rice fields on January 3, relief actors report. Ruzizi Health Zone in South Kivu's Uvira Territory also experienced flooding between January 3 and 17 that led to the destruction of an estimated 1,600 residences, leaving approximately 15,000 individuals without shelter; the floods also destroyed approximately 950 family latrines and submerged nearly 250 acres of crops, according to relief actors. Affected households in Ruzizi were sheltering among host families and in collective sites as of January 17. Damage to shelter and WASH infrastructure in flood-affected areas has increased the risk of waterborne diseases and the destruction of health facilities has constrained populations' access to health care services, the UN reports.

An Estimated 1.7 Million People Likely to Face Acute Malnutrition in 2024

An estimated 1.7 million children ages five years and younger and pregnant and lactating women (PLW) will likely experience acute malnutrition in 122 health zones between January and June across the DRC, according to a January IPC analysis.³ This includes more than 250,000 children likely to experience severe acute malnutrition and require life-saving treatment. The remaining approximately 874,000 children and 605,000 PLW are projected to experience moderate acute malnutrition. Moreover, malnutrition conditions are expected to worsen in the analyzed areas during this period, with nine health zones in Critical—IPC AMN Phase 4—conditions compared to six health zones during the July–December 2023 period, due to insecurity-related shocks, seasonal food availability, and resultant health impacts, IPC reports. Additionally, 40 health zones will likely face Serious—IPC AMN Phase 3—conditions, an increase from 25 health zones during the July–December 2023 period. IPC analysis

³ The Integrated Food Security Phase Classification (IPC) is a multi-partner initiative that developed a standardized scale to classify the severity of acute malnutrition. The IPC Acute Malnutrition (IPC AMN) scale, which is comparable across select countries and time, ranges from Acceptable—IPC AMN 1—to Extremely Critical—IPC AMN 5—for acute malnutrition.

attributes acute malnutrition conditions to acute food insecurity, insecurity-related displacement, and poor health and WASH conditions that increase risks for disease transmission.

UN System-Wide Scale-Up Actors, Including USG Partners, Reached More than 3.7 Million People Between June and November

Humanitarian actors, including USG partners, reached more than 3.7 million people—nearly 75 percent of the approximately 5 million people targeted—with life-saving humanitarian assistance in Ituri, North Kivu, and South Kivu between the June activation of the UN System-Wide Scale-Up and November, according to the UN. The total includes more than 2.3 million people who received emergency food assistance, such as in-kind food distributions, cash assistance, and livelihood support activities, and 3.7 million people who received health assistance since the start of the scale-up. In addition, WASH partners improved access to safe drinking water and other WASH services for more than 2.8 million people. However, access constraints, particularly due to renewed M23 violence, and funding shortfalls forced many of the UN’s humanitarian partners to decrease and partially suspend activities in eastern DRC during November, the UN reports.

KEY FIGURES



4.6 Million

People reached with food assistance between January and October by WFP



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

U.S. GOVERNMENT RESPONSE

FOOD SECURITY AND NUTRITION

USAID/BHA partners continue to provide emergency food assistance to populations at risk of acute food insecurity in the DRC, including host community members, IDPs, and refugees. 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 has continued to implement a scaled-up response to food assistance needs in eastern DRC, despite access constraints, increasing its reach to an additional 100,000 newly displaced people in North Kivu in November and December due to the M23 crisis escalation. USAID /BHA is the largest contributor to WFP’s food assistance programs in the DRC.

USAID/BHA currently supports 11 UN agencies and NGO partners to identify and treat acute malnutrition across the DRC. USAID/BHA partner UNICEF screened more than 42,000 children ages five years and younger for acute malnutrition during November and referred nearly 8,000 children experiencing severe acute malnutrition for further treatment. To support improved food security and nutrition outcomes in the longer term, USAID/BHA funding supports activities to build the capacity of community health workers and other health personnel to manage and refer cases of acute malnutrition. USAID/BHA partners also conduct outreach activities related to infant and young child feeding practices along with community-based monitoring of nutritional conditions and prevention of malnutrition outcomes.



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Cases of cholera treated by UNICEF in November.

HEALTH

NGO and UN partners, with USG support, are working to support the availability of essential medicines and medical supplies, displaced and host populations' access to quality primary health care services, and disease surveillance and response efforts while also providing training and other capacity-building measures for health workers and health facilities. USAID/BHA partners support reproductive health care and GBV prevention and response activities in crisis-affected communities in eastern DRC, as well as health messaging efforts that spread awareness of health and hygiene best practices to prevent the transmission of communicable diseases. In November, USAID/BHA partner UNICEF reached more than 253,000 individuals with cholera intervention, which include the distribution of cholera prevention kits and information about available cholera services within their communities.



247,556

People reached by UNICEF with MHPSS in Ituri, North Kivu, and South Kivu in November

PROTECTION

USG partners support critical protection services in conflict-affected areas of the DRC while integrating protection considerations into all other USG humanitarian programming. USG provides funding that enables partners to support child protection and psychosocial support services, the establishment of safe spaces for children and survivors of GBV, activities that focus on staff mental health and wellbeing, and community-based efforts to mitigate the risk of violence. In November, UNICEF reported the highest number of children unaccompanied by or separated from their caregivers or families since June 2023, attributed to the deteriorating security situation in eastern DRC. In response, UNICEF provided nearly 1,000 unaccompanied children with temporary, alternative, and community-based care and family tracing and reunification services in November. The UN agency also supported mental health and psychosocial support services (MHPSS) for approximately 2,230 adults and children per day in North Kivu, Ituri, and South Kivu during the month.



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Number of USG partners implementing shelter programs in the DRC

SHELTER AND SETTLEMENTS

With USG support, NGO and UN partners facilitate the construction of emergency shelters for displaced individuals and support the coordination and management of IDP and refugee sites in the DRC. USG funding supports the procurement and distribution of in-kind emergency relief-items, including blankets, kitchen sets, and tarps. 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. State/PRM partner Office of the UN High Commissioner for Refugees (UNHCR), with partners, distributed emergency relief items to more than 3,700 households in North Kivu's Rusayo II IDP site.



Provinces in which USAID/BHA partners are implementing WASH programs

WASH

The USG supports NGO and UN partners to implement WASH activities across the DRC. USG-supported activities include distributing hygiene kits and other essential WASH commodities and transporting emergency water reserves to IDP and refugee sites. USG partners also construct and rehabilitate WASH infrastructure—such as handwashing stations, latrines, showers, and water points—and facilitate safe access to existing WASH infrastructure for vulnerable populations. In November, UNICEF enabled access to safe drinking water for nearly 254,000 people in crisis zones in Ituri, North Kivu, and South Kivu. In North Kivu, the UN agency prioritized displacement sites, ensuring a minimum of approximately 2.6 gallons of safe drinking water per person per day for more than 129,000 individuals and provided sanitation facilities for an additional nearly 19,000 people.

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.
- 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.

USG HUMANITARIAN FUNDING FOR THE DRC RESPONSE IN FY 2024^{1, 2}

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
USAID/BHA			
WFP	Food Assistance—U.S. In-Kind Food Aid, Nutrition	Countrywide	\$222,340,218
	Food Assistance—Cash Transfers for Food	Countrywide	\$10,000,000
Program Support			\$78,235

TOTAL USAID/BHA FUNDING		\$232,418,453
STATE/PRM		
International Committee of the Red Cross (ICRC)	Agriculture; Economic Recovery and Market Systems; Food Assistance—Cash Transfers for Food, Food Vouchers; Humanitarian Coordination, Information, Management, and Assessments; Health; Logistics Support; Multipurpose Cash Assistance; Protection; Shelter and Settlements; WASH	Countrywide \$3,300,000
TOTAL STATE/PRM FUNDING		\$3,300,000
TOTAL USG HUMANITARIAN FUNDING FOR THE DRC RESPONSE IN FY 2024		\$235,718,453

¹ Year of funding indicates the date of commitment or obligation, not appropriation, of funds. Funding figures reflect publicly announced funding as of January 25, 2024.

² 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.
- 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
 - 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](https://www.usaid.gov/humanitarian-assistance/where-we-work)