



Democratic Republic of the Congo – Complex Emergency

MARCH 21, 2024

SITUATION AT A GLANCE

113.6
MILLION

Population
of the DRC

UN – December 2023

25.4
MILLION

Population in Need
of Assistance

UN – December 2023

2.5
MILLION

Number of IDPs
in North Kivu

OCHA – January 2024

1.1
MILLION

Congolese Refugees
and Asylum-Seekers
in Nearby Countries

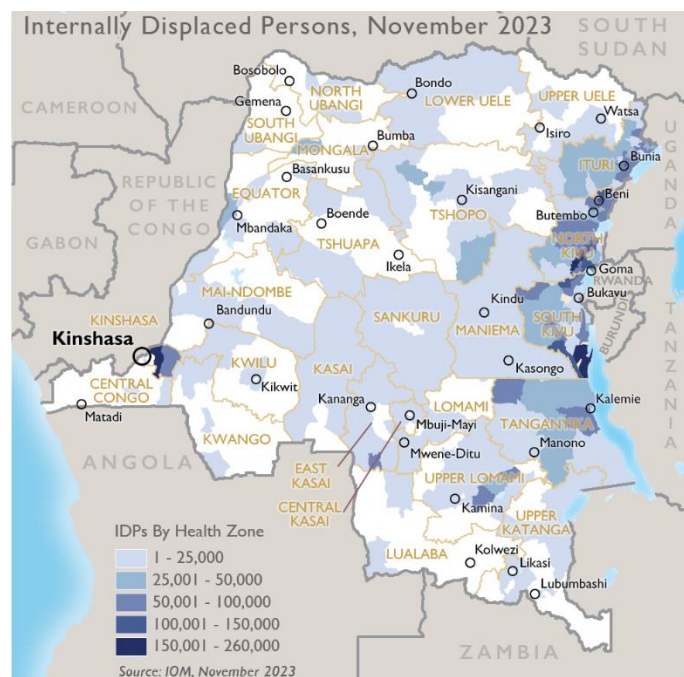
UNHCR – January 2024

523,426

Refugees and Asylum-
Seekers Sheltering in
the DRC

UNHCR – January 2024

- FARDC and M23 clashes in eastern DRC displaced at least 250,000 people between mid-February and mid-March, with more than 200,000 of those displaced seeking refuge in and around Goma, exacerbating health, protection, and WASH needs.
- An ADF-attributed attack in Ituri Province on February 28 resulted in at least five civilian deaths and displaced an estimated 12,000 individuals toward Komanda town as of February 29, further stressing host communities' access to limited resources.
- State/PRM partner UNHCR's 2024–2025 Regional Refugee Response Plan appeals for \$668.3 million in 2024 to assist asylum-seekers and refugees from the DRC and host communities across the region.



TOTAL U.S. GOVERNMENT HUMANITARIAN FUNDING

For the DRC Response in FY 2024

USAID/BHA¹ \$281,429,793

State/PRM² \$12,710,000

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

Total \$294,139,793

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 and Subsequent Displacement Heighten Health, Protection, and WASH Needs While Hindering Access for Relief Actors

Clashes between the Armed Forces of the Democratic Republic of the Congo (FARDC) and the March 23 Movement (M23) armed group continued to escalate in eastern DRC since January, displacing at least 250,000 people between mid-February and mid-March, according to the UN. More than 230,000 people fled from North Kivu Province's Masisi Territory towards North Kivu's capital city of Goma in February, which already hosted an estimated 500,000 displaced people, according to the UN Office for the Coordination of Humanitarian Affairs (OCHA) and Médecins Sans Frontières (MSF). Others from Masisi and Rutshuru Territory fled to North Kivu's Lubero and Walikale territories, with Lubero's Alimbongo and Kanya health zones hosting an estimated 166,000 newly displaced people as of March 13 and Pinga Health Zone in Walikale hosting an estimated 22,000 individuals who arrived in the area between January 1 and March 4.

The influx of internally displaced persons (IDPs) towards Goma has caused new informal IDP sites to emerge, while existing sites have grown more crowded, further straining already limited infrastructure and scarce resources and exacerbating the needs of new IDPs, existing IDPs, and host communities. Goma and Karisimbi health zones—containing many of the IDP sites on Goma's outskirts—experienced 35 and 15 percent increases, respectively, in the number of displaced households between January 27 and February 21, according to the USAID/BHA-supported REACH initiative. The heightened conflict and displacement have increased protection violations, including gender-based violence (GBV), kidnappings, and the forced recruitment of children into armed groups, according to the UN. Overcrowding in displacement sites and a lack of access to basic services, food, and livelihood opportunities has raised displaced populations' risks of sexual abuse, exploitation, and harassment, with relief actors observing women and girls' use of harmful coping mechanisms, such as survival sex, prostitution, and forced marriage, to meet basic needs. IDPs in Lubero and Walikale also reported protection violations including extortion, physical attacks, and sexual violence during their displacement in late February and early March, according to relief actors. Furthermore, IDPs also face heightened risks of physical harm due to the active conflict; on March 6, State/PRM partner the International Committee of the Red Cross (ICRC) issued a statement condemning the increasing use of heavy weapons in the M23 conflict, highlighting indiscriminate effects of armed groups' artillery use on densely populated civilian areas. Civilians' proximity to active fighting has also resulted in increasing demand on already overstrained health care facilities. ICRC recorded more than 300 individuals wounded by bullets and shrapnel in Goma and surrounding areas during February and reported that 40 percent of injured civilians seeking medical care are victims of shelling or other heavy weapons. Due to a daily influx of wounded civilians—many of them children—from frontline areas, the ICRC-supported Ndoshoh Hospital in Goma was operating at more than double its capacity of 130 beds as of early March.

In addition, the overcrowding in IDP sites and lack of adequate water, sanitation, and hygiene (WASH) infrastructure has also led to an increase in the risk of communicable diseases. Health actors recorded six cholera-related deaths and more than 600 suspected cholera cases in North Kivu between February 26 and March 3, representing the second-most cases in one week in the province so far in 2024. The total includes more than 280 cases recorded in Goma alone, more than double the 135 cases recorded during the week of January 29, likely caused by the influx of IDPs to sites in and around the city. Fighting around Goma, including on the main access roads to the north, south, and west of the city, and poor road conditions elsewhere in the province have severely restricted humanitarian actors' ability to deliver vital assistance to populations in need outside of Goma, while resource limitations have hindered a

scale-up to meet needs within the city, MSF reports.

ADF Attacks in Ituri and North Kivu Exacerbate Humanitarian Needs Among IDPs and Returnees

Since December 2023, frequent Allied Democratic Forces (ADF) armed group-attributed attacks in northern North Kivu and southern Ituri provinces continue to result in dozens of civilian deaths, displacement, and heightened humanitarian needs. An ADF-attributed attack in the Komanda Health Zone of Ituri's Irumu Territory on February 28 resulted in the deaths of at least five civilians and displaced an estimated 12,000 individuals—primarily recent returnees—from villages along the RN4 road toward Komanda town as of February 29, according to relief actors. Moreover, approximately 24,000 individuals fleeing ADF violence in Ituri and North Kivu sought shelter in Oicha Health Zone in North Kivu's Beni Territory between December 2023 and February 2, 2024. The displaced households have had to share the limited resources available to a community of more than 3,600 returnee households in Oicha, who also face high levels of humanitarian need and degraded livelihoods following their return from displacement. Similarly, at least 6,200 households—more than 31,000 people—arrived in Beni's Mabalako Health Zone between January 4 and February 5 following ADF attacks and subsequent FARDC operations in Ituri's Mandima Health Zone in early January. Displaced and returnee individuals in Mabalako and Oicha remained in urgent need of emergency relief items and food, health, shelter, and WASH assistance as of mid-February, relief actors report.

UNHCR Releases Refugee Response Plan to Respond to Regional Needs

State/PRM partner the Office of the UN High Commissioner for Refugees (UNHCR) released the DRC Regional Refugee Response Plan for January 2024 to December 2025 on February 22, which appeals for \$668.3 million during 2024 to assist asylum-seekers and refugees from the DRC and host communities across Angola, Burundi, the Republic of the Congo, Rwanda, Tanzania, and Uganda. The plan targets nearly 2 million people, including approximately 900,000 refugees from the DRC in 2024. The plan aims to alleviate pressure on host communities, improve access to basic services, promote asylum-seekers' and refugees' inclusion in national systems—including access to health and social services—and overall self-reliance, and strengthen relief actors' capacities to prevent and respond to protection violations.

Director of OCHA Coordination Visits DRC From March 11 to 16

Ramesh Rajasingham, OCHA Director of the Division of Humanitarian Operations Coordination, visited the DRC from March 11 to 16. He met with Government of the DRC (GoDRC) Minister of Social Affairs, Humanitarian Actions, and National Solidarity Modeste Mutinga Mutushayi in Kinshasa, discussing the severity of the humanitarian crisis due to conflict in eastern DRC and climatic shocks, as well as the importance of collaboration between the GoDRC and humanitarian partners. In addition, Rajasingham visited North Kivu, meeting with civil society organizations, humanitarian actors, and provincial authorities. He also met with officials from the UN Organization Stabilization Mission in the DRC (MONUSCO), along with donors and humanitarian actors, in South Kivu Province, focusing on the continuation of humanitarian operations after the withdrawal of MONUSCO from the province scheduled for the end of April.

KEY FIGURES



5.3 Million

People reached with food assistance between January and December 2023 by WFP



11

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



70

Average number of cholera interventions conducted per day by UNICEF in 2023, primarily in North Kivu, South Kivu, and Tanganyika

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. Nongovernmental 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 households meet their basic food needs. With USAID/BHA and other donor funding, the UN World Food Program (WFP) assisted 5.3 million people across the country in 2023, including 732,000 people in North Kivu; 343,000 people in South Kivu; and 172,000 people in Ituri in December. 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 the UN Children's Fund (UNICEF) screened more than 2.5 million children ages five years and younger in 2023 and identified more than 319,000 children with severe wasting, all of which were admitted for treatment. With support from USAID/BHA, UNICEF trained nearly 172,000 mothers and caregivers in the family Mid-Upper Arm Circumference approach to screen for acute malnutrition during 2023. 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 to treatment centers. 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. Save the Children Federation, with USAID/BHA support, delivered nutritional inputs to more than 15 health facilities in Ituri between January 15 and February 5.

HEALTH

NGO and UN partners, with U.S. Government (USG) support, are working to augment 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. USG 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 communicable diseases transmission. In 2023, UNICEF reached nearly 3.6 million people with cholera response activities, more than 90 percent of whom were reached within 48 hours of case notification. In addition, during 2023, approximately 378,000 children ages five years and younger and more than 100,000 pregnant women received primary health care services at UNICEF-supported health centers across the country.



800,000

People reached by UNICEF with GBV prevention, risk mitigation, or response interventions in 2023

PROTECTION

USG partners support critical protection services in conflict-affected areas of the DRC while integrating protection considerations into all other USG-supported humanitarian programming. USG provides funding that enables partners to support child protection and mental health and psychosocial support (MHPSS) services, the establishment of safe spaces for children and survivors of GBV, and activities that focus on staff mental health and well-being. UNICEF provided child protection services to approximately 21,500 children formerly associated with armed groups, unaccompanied and separated minors, and survivors of sexual violence in 2023, a 42 percent increase compared with 2022. UNICEF also provided MHPSS services for more than 335,000 children and caregivers in DRC during the year.



15

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. USG 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 UNHCR, in partnership with the NGO AIDES, completed the construction of 15 of 20 planned community hangars, which will serve as temporary housing for displaced households, near the Lushagala IDP site, as of February 29.



12

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 2023 UNICEF built new and rehabilitated existing sanitation infrastructure for nearly 366,000 people, including emergency toilets in IDP, health, and education sites.

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 eastern DRC have resulted in increased civilian casualties, damaged and destroyed infrastructure, and the displacement of 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 and February 2024. 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, Logistics Support | Countrywide | \$18,000,000 |
| UNICEF | Humanitarian Coordination, Information Management, and Assessments (HCIMA); Health; Nutrition; Protection; Shelter and Settlements; WASH | Ituri, North Kivu, South Kivu, Tanganyika | \$26,000,000 |
| World Relief International (WRI) | Agriculture, Food Assistance—Local, Regional, and International Procurement (LRIP) | North Kivu, Tanganyika | \$5,500,000 |
| Implementing Partners | Agriculture, Food Assistance—LRIP, Protection, WASH | Ituri, North Kivu, South Kivu | \$8,499,754 |
| Logistics Support | | | \$862,936 |
| Program Support | | | \$226,885 |
| TOTAL USAID/BHA FUNDING | | | \$281,429,793 |
| STATE/PRM | | | |
| ICRC | Agriculture; Economic Recovery and Market Systems (ERMS); Food Assistance—Cash Transfers for Food, Food Vouchers; HCIMA; Health; Logistics Support; Multipurpose Cash Assistance (MPCA); Protection; Shelter and Settlements; WASH | Countrywide | \$3,300,000 |
| UNHCR | Camp Coordination and Camp Management; Education, ERMS, HCIMA, Health, Logistics Support; Livelihoods; MPCA; Protection; Shelter and Settlements; WASH | Countrywide | \$9,360,000 |
| Implementing Partners | Protection | Ituri, South Ubangi, Upper Uele | \$50,000 |
| TOTAL STATE/PRM FUNDING | | | \$12,710,000³ |
| TOTAL USG HUMANITARIAN FUNDING FOR THE DRC RESPONSE IN FY 2024 | | | \$294,139,793 |

¹ Year of funding indicates the date of commitment or obligation, not appropriation, of funds. Funding figures reflect publicly announced funding as of March 21, 2024.

² Estimated value of food assistance and transportation costs at time of procurement; subject to change.

³ This total does not include the more than \$11.9 million in FY 2024 State/PRM funding for Congolese refugees in neighboring countries, which increases the total USG emergency funding for the DRC complex emergency in FY 2024 to \$306 million.

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