

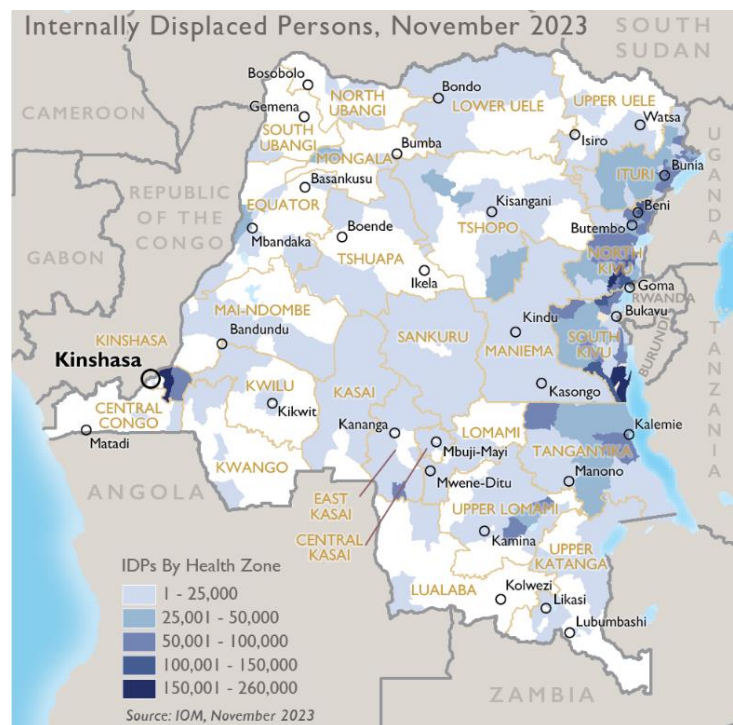
Democratic Republic of the Congo – Complex Emergency

JUNE 3, 2024

SITUATION AT A GLANCE

<p>113.6 MILLION</p> <p>Population of the DRC</p> <p><i>UN – December 2024</i></p>	<p>25.4 MILLION</p> <p>Population in Need of Assistance</p> <p><i>UN – December 2023</i></p>	<p>7.2 MILLION</p> <p>Number of IDPs in the DRC</p> <p><i>OCHA – March 2024</i></p>	<p>1.1 MILLION</p> <p>Congolese Refugees and Asylum-Seekers in Nearby Countries</p> <p><i>UNHCR – March 2024</i></p>	<p>527,498</p> <p>Refugees and Asylum-Seekers Sheltering in the DRC</p> <p><i>UNHCR – April 2024</i></p>
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- At least five ordnances struck four IDP sites in and near North Kivu Province’s capital city of Goma on May 3, resulting in the deaths of at least 35 people and injury to nearly 40 others, international media report.
- WHO reported more than 7,000 suspected Mpox cases and 354 related deaths across the DRC in 2024.
- Heavy rainfall triggered flooding in South Kivu and Tanganyika provinces between January and April, placing approximately 471,000 people at-risk of increased humanitarian needs, according to WFP.



TOTAL U.S. GOVERNMENT HUMANITARIAN FUNDING For the DRC Response in FY 2024	USAID/BHA ¹	\$411,716,639
	State/PRM ²	\$12,710,000
Total		\$424,426,639

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

Ordnances Strike IDP Sites Near Goma, Resulting in At Least 35 Deaths

At least five ordnances struck four internally displaced person (IDP) sites in and near Goma on May 3, resulting in the deaths of at least 35 people and injury to nearly 40 others, according to international media. Many of those killed or injured were children and an unverified number of shelters were damaged or destroyed. The attacks affected up to an estimated 210,000 people, according to the Office of the UN High Commissioner for Refugees (UNHCR) and the UN Children's Fund (UNICEF). Additionally, a shell that fell into one of the IDP sites remained unexploded as of May 14, posing a significant protection risk for camp residents, the UN reports. The UN Office for the Coordination of Humanitarian Affairs (OCHA) is coordinating with anti-mine stakeholders to demine the site. The U.S. Department of State released a statement on May 3 attributing the attacks to the March 23 Movement (M23) and the Rwanda Defense Forces, though M23 and the Government of Rwanda have publicly accused militia groups supported by the Armed Forces of the Democratic Republic of the Congo (FARDC) for the attacks and denied any role in them. The Democratic Republic of the Congo (DRC) International Nongovernmental Organization Forum, the UN Organization Stabilization Mission in the DRC, UNHCR, and UNICEF, as well as religious leaders, released statements condemning the attacks and calling on the parties to the conflict to guarantee the protection of civilians and safe humanitarian access in Goma, which hosted more than 500,000 IDPs who had fled the M23 conflict as of May.

Mpox Outbreak Grows Across DRC, Generating WASH and Health Needs

The UN World Health Organization (WHO) reported more than 7,000 suspected Mpox cases, 840 laboratory-confirmed cases, and 354 related deaths—representing a fatality rate of five percent—across at least 22 of the DRC's 26 provinces between January 1 and May 12, representing a significant rise in cases since the start of the outbreak in early 2023. Health actors have reported a weekly average of nearly 370 suspected cases in 2024, representing an approximately 32 percent increase compared to an estimated 280 cases per week in 2023, according to the Government of the DRC (GoDRC) and WHO. Additionally, health actors reported growing rates of confirmed case positivity, reaching more than 80 percent in late May, predominantly in Equator, Sankuru, and South Kivu provinces. Approximately 70 percent of cases and 85 percent of deaths were in children 15 years of age and younger as of May 12, according to the Africa Center for Disease Control and Prevention. The rise in Mpox cases in the DRC has mostly affected children in Mpox-endemic provinces, such as Equator, and mostly adults through sexual transmission in South Kivu. Mpox has occurred alongside other disease outbreaks, including cholera and measles, with health actors reporting approximately 16,500 suspected cholera cases—primarily in North Kivu and Upper Katanga provinces—and nearly 45,600 suspected measles cases across the DRC between January 1 and May 12, according to WHO. Insecurity and resultant displacement, flooding and other climatic factors, and limited infrastructure exacerbate poor health and water, sanitation, and hygiene (WASH) conditions in the DRC and hinder relief actors' efforts to prevent and control outbreaks.

In response to the growing Mpox outbreak and resultant health needs, the GoDRC's Ministry of Health continues to improve Mpox case detection and treatment in addition to continuing community engagement activities, disease surveillance, and risk communication in the affected provinces. Relief actors, including the U.S. Centers for Disease Control and Prevention and other health actors, continue to monitor Mpox transmission, advocate for the mobilization of resources, and support the transport of samples with funding from WHO.

471,000 People Likely to Require Increased Humanitarian Assistance Following Rainy Season Floods in South Kivu and Tanganyika

Heavier-than-usual rainfall between January and April has caused rivers and lakes to overflow, resulting in flooding in South Kivu and Tanganyika provinces and compounding the impacts of severe flooding experienced across the DRC since November 2023. This has exacerbated humanitarian needs for approximately 471,000 people, according to the UN World Food Program (WFP). The floods have forced households to relocate to shelters or reside with host families, with many having to move several times to flee rising water levels. Additionally, the floods have inundated approximately 1.1 million acres of land, including nearly 52,000 acres of cropland, in areas around Lake Tanganyika and upstream from the Congo River basin. Flooded roads have also limited the passage of food and other essential items along key supply routes, including the roads to South Kivu's Bukavu and Uvira towns, impacting traders whose livelihoods depend on the route and causing food shortages in neighboring areas. The flooding also damaged farmers' harvests and agricultural inputs, such as the seeds and tools needed to plant their next crop rotation, which could potentially lead to increased food insecurity in the coming months, according to local authorities. In addition, the floods have adversely affected WASH conditions, especially in overcrowded IDP camps, hindering access to safe drinking water and increasing the risk for communicable, waterborne diseases, such as cholera. The recent flooding is the latest climatic shock affecting the DRC, following flooding in early February that caused the Congo River to rise to its highest level in more than 60 years and forced approximately 500,000 people to flee the rising waters. Meanwhile, the ongoing El Niño season is expected to produce heavy rainfall, particularly in the central and northern regions, with forecasts indicating that the water level in Lake Tanganyika will continue to rise until it peaks in late June, according to UNICEF, the International Federation of Red Cross and Red Crescent Societies, and international media. Priority needs in flood-affected areas include food, health, livelihood, shelter, and WASH support.

In response to immediate needs, WFP began distributing food assistance to flood-affected people in South Kivu and Tanganyika in May. However, as flood-induced needs continue to increase, WFP reported it has limited resources to respond due to low funding levels and current food assistance pipeline breaks.

KEY FIGURES



5.3 Million

People reached with food assistance between January and December 2023 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. 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, WFP assisted 5.3 million people across the country in 2023 and 1.8 million people between January and March 2024. 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 2.5 million children ages five years and younger in 2023 and identified more than 319,000 children with wasting—the deadliest form of malnutrition—all of whom were admitted for

treatment. With support from USAID/BHA, UNICEF delivered information on infant and young child feeding practices to 88,400 mothers and caregivers in eastern DRC in April. To improve food security and nutrition outcomes in the longer term, USAID/BHA funding supports activities that 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 to promote optimal infant and young child feeding practices along with community-based monitoring of nutritional conditions aimed at preventing malnutrition. Save the Children Federation, with USAID/BHA support, delivered nutritional inputs, such as ready-to-use therapeutic food, to more than 15 health facilities in Ituri between January 15 and February 5.



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

HEALTH

NGO and UN partners, with U.S. Government (USG) support, are working to augment the availability of essential medicines and medical supplies, as well as improve displaced and host populations' access to quality primary health care services and disease surveillance and response efforts. Partners are also providing training and other capacity-building measures for health workers. USG partners support reproductive health care 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 receiving the results of their cholera tests. 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, such as gender-based violence (GBV) prevention and response activities, in conflict-affected areas of the DRC while integrating protection considerations into all other USG-supported humanitarian programming. Protection funding enables partners to support child protection and mental health and psychosocial support (MHPSS) services, establish safe spaces for children and survivors of GBV, and conduct activities on staff mental health and well-being. UNICEF provided MHPSS and other protection services to approximately 15,000 caregivers and children in eastern DRC in April. UNICEF also reached nearly 46,000 people with GBV prevention, response, and risk mitigation interventions, including through women and girls' spaces in IDP camps and mobile services in hard-to-reach areas, in April.



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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. 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.



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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 North Kivu, UNICEF provided access to safe drinking water for 148,400 people, including in the Bulengo and Lushagalla IDP sites which are affected by high rates of cholera, in April. The UN partner also reached nearly 3,000 households in eastern DRC with WASH kits and 66,000 people in South Kivu with hygiene promotion activities during the month.

CONTEXT IN BRIEF

- Despite the implementation of a peace agreement in 2003, fighting between forces aligned against M23 and various armed entities, including the Democratic Forces for the Liberation of Rwanda, 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			
ACTED	Agriculture, Food Assistance, HCIMA, Shelter and Settlements, WASH	DRC	\$24,488,116
Association Locale Pour Le Développement Intégral (ALDI)	Food Assistance	Ituri	\$2,000,000
WFP	Food Assistance—U.S. In-Kind Food Aid, Nutrition	Countrywide	\$222,340,218
	Food Assistance—Cash Transfers for Food, Logistics Support	Countrywide	\$44,000,000
Tearfund	Agriculture, WASH	Ituri, North Kivu, South Kivu	\$7,000,000
UNICEF	Humanitarian Coordination, Information Management, and Assessments (HCIMA); Health; Nutrition; Protection; Shelter and Settlements; WASH	Ituri, North Kivu, South Kivu, Tanganyika	\$41,000,000
UN Office for the Coordination of Humanitarian Affairs (OCHA)	HCIMA	Countrywide	\$1,500,000
World Relief International (WRI)	Agriculture, Food Assistance—Local, Regional, and International Procurement (LRIP)	North Kivu, Tanganyika	\$5,500,000
Implementing Partners	Agriculture, Economic Recovery and Market Systems (ERMS), Food Assistance, Health, HCIMA, Nutrition, Protection, Shelter and Settlements, WASH	Djugu, Ituri, Lower Uele, Maniema, North Kivu, North Ubangi, South Kivu, South Ubangi, Tshopo	\$62,290,458
Logistics Support			\$862,936
Program Support			\$734,911
TOTAL USAID/BHA FUNDING			\$411,716,639
STATE/PRM			
ICRC	Agriculture; 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			\$424,426,639

¹ Year of funding indicates the date of commitment or obligation, not appropriation, of funds. Funding figures reflect publicly announced funding as of June 3, 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 more than \$436.3 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](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
 - 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