

DEMOCRATIC REPUBLIC OF THE CONGO - COMPLEX EMERGENCY

FACT SHEET #1, FISCAL YEAR (FY) 2018

DECEMBER 11, 2017

NUMBERS AT A GLANCE

13.1 million

People in DRC Requiring Humanitarian Assistance in 2018
UN – December 2017

7.7 million

Acutely Food-Insecure People in DRC
UN – August 2017

4.1 million

IDPs in DRC
UN – October 2017

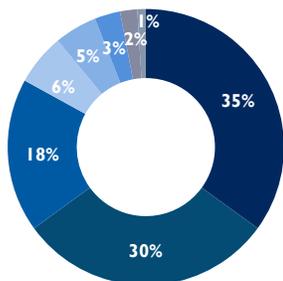
622,400

DRC Refugees and Asylum-Seekers Across Africa
UNHCR – October 2017

526,500

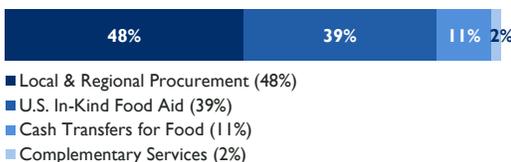
Refugees from Neighboring Countries in DRC
UNHCR – October 2017

USAID/OFDA¹ FUNDING BY SECTOR IN FY 2017–2018



- Logistics Support & Relief Commodities (35%)
- Health (30%)
- Water, Sanitation & Hygiene (18%)
- Humanitarian Coordination & Information Management (6%)
- Agriculture & Food Security (5%)
- Economic Recovery & Market Systems (3%)
- Protection (2%)
- Shelter & Settlements (1%)

USAID/FFP² FUNDING BY MODALITY IN FY 2017–2018



- Local & Regional Procurement (48%)
- U.S. In-Kind Food Aid (39%)
- Cash Transfers for Food (11%)
- Complementary Services (2%)

HIGHLIGHTS

- IASC activates a six-month system-wide L3 response in DRC
- USUN Ambassador Nikki R. Haley travels to DRC to observe humanitarian conditions
- Crisis-level food insecurity to persist through May 2018 in some conflict-affected areas

HUMANITARIAN FUNDING FOR THE DRC RESPONSE IN FY 2017–2018

USAID/OFDA	\$51,271,617
USAID/FFP	\$77,115,857
State/PRM ³	\$62,496,034
Total	\$190,883,508

KEY DEVELOPMENTS

- The Interagency Standing Committee (IASC) announced the activation of a system-wide Level 3 (L3) response for the DRC on October 20, focusing on the Kasai region and South Kivu and Tanganyika provinces. L3 responses are activated in the most complex humanitarian emergencies, where the highest level of mobilization across the humanitarian system is required to scale up and meet needs, according to the UN.
- In late October, U.S. Permanent Representative to the UN (USUN) Ambassador Nikki R. Haley met with Government of DRC (GoDRC) officials and observed humanitarian conditions in the Mungote internally displaced person (IDP) camp in North Kivu Province's Kitchanga town. During the visit, Ambassador Haley discussed the need for improved security conditions and a cessation of hostilities in eastern DRC.
- The UN anticipates that 13.1 million people in DRC will require emergency assistance in 2018, as violent conflict continues to deteriorate humanitarian conditions. The 2018 Global Humanitarian Overview appeals for nearly \$1.7 billion to respond to emergency needs in DRC, representing the third largest appeal after Syria and Yemen.

¹ USAID's Office of U.S. Foreign Disaster Assistance (USAID/OFDA)

² USAID's Office of Food for Peace (USAID/FFP)

³ U.S. Department of State's Bureau of Population, Refugees, and Migration (State/PRM)

CURRENT EVENTS

- From October 26–27, USUN Ambassador Haley traveled to DRC to meet with GoDRC officials and observe humanitarian conditions in the Mungote IDP camp. Community leaders briefed Ambassador Haley on relief activities and security conditions in Mungote, which was established in 2007 and hosted approximately 15,000 IDPs as of late October. During the visit, IDP camp residents expressed the need for improved security and a political solution to the ongoing crisis in eastern DRC. Ambassador Haley also visited an IDP-managed bakery in Mungote, one of several income-generating activities supported by relief actors, including USAID partners.
 - On October 20, the IASC—the primary mechanism for the coordination of humanitarian assistance among UN and non-UN humanitarian actors—activated a six-month system-wide L3 response in DRC, focusing on the Kasai region—encompassing Kasai, Kasai-Central, Kasai-Oriental, Lomami, and Sankuru provinces—and South Kivu and Tanganyika. The L3 designation is an operational tool that enables relief organization to accelerate and scale up the delivery of emergency assistance in response to deteriorating humanitarian conditions. In addition to DRC, the IASC maintains L3 responses for Iraq, Syria, and Yemen. The IASC activated the L3 response in DRC due to the scale, complexity, and urgency of ongoing violence, and resultant food insecurity and health needs.
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INSECURITY AND POPULATION DISPLACEMENT

Countrywide

- Approximately 4.1 million people were internally displaced in DRC as of November, including 1.7 million—or 41 percent of the total—newly displaced between January and October, the UN reports. Approximately 65 percent of IDPs identified attacks by armed groups as the principal reason for displacement, while 34 percent identified intercommunal violence as the main driver. Natural disasters displaced the remaining 1 percent, according to the UN. In October alone, the UN recorded approximately 112,000 new IDPs, of which 24 percent fled insecurity and violence in North Kivu.

Kasai Region

- Relative improvements in security enabled approximately 631,000 IDPs to return to areas of origin in the Kasai region between January and October, according to the UN. However, the UN reports that more than 760,000 people remain internally displaced across Kasai, though humanitarian organizations have not recorded any new displacement since August. Insecurity and the lack of viable resettlement prospects continue to be the main obstacles for returning to areas of origin, the UN reports. Humanitarian needs in Kasai remain elevated, particularly as displaced populations have returned to destroyed property, villages, and livelihood opportunities.

North Kivu Province

- On December 7, suspected government opposition forces attacked a UN Organization Stabilization Mission in DRC (MONUSCO) base in North Kivu's Beni Territory, killing at least 14 peacekeeping forces and injuring more than 50 others, international media report. The incident represents the deadliest attack on UN peacekeepers in recent years, according to the UN. Following the attack, UN Secretary-General António Guterres released a public statement condemning the attack and calling on government authorities to investigate the incident and hold the perpetrators accountable. The incident underscores the dangerous operating environment and level of insecurity UN peacekeeping forces face to protect civilians and relief actors encounter providing life-saving assistance in DRC.
- On December 4, armed actors forcibly entered a Médecins Sans Frontières (MSF) compound in North Kivu's Mweso town, threatening to kidnap staff and seizing money and equipment. MSF subsequently released a statement condemning the attack and called on authorities to find the perpetrators. The non-governmental organization (NGO) had previously suspended humanitarian activities in Mweso in December 2015, following the abduction of two staff members. MSF restarted activities in early 2016, on the condition that authorities and local community members refuse to tolerate such incidents.

- Clashes between armed actors and the Armed Forces of DRC (FARDC) in Beni have resulted in civilian deaths and population displacement. An October 8 attack by militants reportedly killed up to 30 civilians in Beni, international media report. The incident represents the first significant attack in Beni to date in 2017. On October 9, militants attacked a MONUSCO base near Beni, resulting in the deaths of two UN peacekeepers and injuring more than 10 others, according to international media.

Haut-Katanga and Tanganyika Provinces

- Intercommunal conflict and clashes between armed groups and FARDC prompted nearly 6,000 Congolese from Haut-Katanga Province to flee to Zambia between August 30 and October 31, according to the Office of the UN High Commissioner for Refugees (UNHCR). In late October, President of Zambia Edgar Chagwa Lungu assessed humanitarian conditions at the Kenani Transit Centre located in Zambia's Luapula Province and called for additional resources to support assistance for refugees and host communities. More than 12,000 Congolese refugees fled to Zambia between January and December, UNHCR reports.
- Between mid-September and early October, clashes among armed groups in Tanganyika's Nyunzu Territory displaced approximately 30,000 people, the UN reports. Many new IDPs are sheltering in schools and churches, with others residing in remote rural areas with poor shelter conditions. Tensions between IDPs and host community members remain high in Nyunzu, as increased demand for limited resources is exacerbating an already precarious situation.

FOOD SECURITY AND NUTRITION

- Conflict continues to limit household access to livelihood activities across many parts of DRC, according to the USAID-funded Famine Early Warning Systems Network (FEWS NET). FEWS NET reported in September that conflict-affected populations in Haut-Katanga, Kasai, Kasai-Central, Kasai-Oriental, Maniema, and Tanganyika provinces were likely to experience Crisis—IPC 3—levels of acute food insecurity through at least January 2018, with Crisis-level food insecurity to persist in Kasai, Kasai-Central, Kasai-Oriental, and Tanganyika through at least May 2018.⁴ The lean season started earlier than usual in these areas, and FEWS NET expects that vulnerable households could require additional humanitarian assistance to preserve livelihoods. Returnees also face worsening food security conditions, exacerbated by damaged infrastructure, degraded agricultural resources, and inadequate health care services and markets, the UN World Food Program (WFP) reports.
- Fall armyworm—an invasive insect species that can cause significant damage to both staple and cash crops—had affected approximately half of DRC's 26 provinces as of September and is expected to spread to additional provinces in the coming months, FEWS NET reports. In November, FEWS NET reported new infestations in eastern DRC provinces, including Haut-Katanga and North Kivu. The UN Food and Agriculture Organization (FAO) began a technical assistance program in DRC in early 2017 to strengthen local capacity to develop a pest management system.
- USAID partner Catholic Relief Services (CRS) distributed emergency food assistance to more than 3,100 displaced and returnee households in Tanganyika's Kalemie Territory and nearly 1,500 returnee households in Tanganyika's Moba Territory in September. In addition, CRS provided cash assistance in early October to more than 900 beneficiaries for road repair cash-for-work activities in Kalemie. In FY 2017, USAID/FFP and USAID/OFDA provided nearly \$6 million and \$4.5 million, respectively, to CRS to support emergency response activities targeting conflict-affected populations in DRC.
- USAID/OFDA partner FAO provided approximately 4 metric tons (MT) of seeds and more than 10,000 farming tools to approximately 1,500 IDPs in Kasai Province between late October and early November. During the same period, FAO distributed seeds and tools in Kasai-Oriental to approximately 2,500 households, including IDPs, returnees, and host communities.

⁴ The Integrated Food Security Phase Classification (IPC) is a standardized tool that aims to classify the severity and magnitude of food insecurity. The IPC scale, which is comparable across countries, ranges from Minimal—IPC 1—to Famine—IPC 5.

- As of December, USAID/FFP partner Action Against Hunger (AAH) had reached nearly 10,000 beneficiaries in Kasai-Central's Bukonde health zone with emergency assistance. With more than \$4 million in FY 2017 USAID/FFP funding, AAH continues to provide emergency food assistance to vulnerable populations in Kasai-Central.
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HEALTH, PROTECTION, AND WASH

- USAID/OFDA technical staff met with donors and humanitarian implementing partners in the capital city of Kinshasa in November to discuss coordination of critical emergency health interventions, existing gaps, and challenges affecting the health response effort in the Kasai region. In FY 2017, USAID/OFDA provided approximately \$14.8 million to support emergency health interventions in DRC.
 - In October, USAID/OFDA partner IMA World Health began providing free health services in 125 health facilities in Kasai and Kasai-Central—estimated to benefit 1.7 million conflict-affected people—where more than 60 of the 90 health facilities supported by IMA World Health had temporarily suspended operations due to insecurity between August 2016 and September 2017. In FY 2017, USAID/OFDA contributed nearly \$1.5 million to IMA World Health to provide health assistance in Kasai and Kasai-Central.
 - Health actors in DRC recorded approximately 40,100 suspected and confirmed cases of cholera and 770 related deaths in 21 of the country's 26 provinces between January and November, according to the GoDRC Ministry of Health (MoH). The overall case fatality rate of approximately 1.9 percent is nearly double the UN World Health Organization (WHO) emergency threshold of 1 percent. While cholera is endemic to DRC, transmission levels to date in 2017 exceed previous years. UN agencies and NGOs are responding to the increased incidence of cholera by scaling up water, sanitation, and hygiene (WASH) activities and working with the GoDRC MoH to improve coordination in affected areas.
 - In early November, health agencies confirmed a measles outbreak in Haut-Katanga's Lubumbashi health zone. Relief actors had previously confirmed a measles outbreak in Rwashi health zone in April and are responding to a third potential outbreak in Sakanie health zone. From January–October, health actors recorded more than 560 suspected measles cases in Haut-Katanga, of which nearly 60 percent occurred in Lubumbashi. Relief organizations are implementing a measles prevention campaign in affected areas to mitigate further spread of the disease.
 - From November 12–17, a USAID/OFDA senior protection advisor met with key protection actors including International Rescue Committee (IRC), the International Committee of the Red Cross (ICRC), Save the Children (SC/US), the Norwegian Refugee Council, and several UN agencies to discuss protection concerns, current programming, response gaps, and protection coordination in DRC. The protection community emphasized acute protection concerns and gaps in the Kasai region and Tanganyika, including the need for more robust advocacy efforts in Tanganyika. In FY 2017, USAID/OFDA provided approximately \$1.2 million to support protection activities in DRC.
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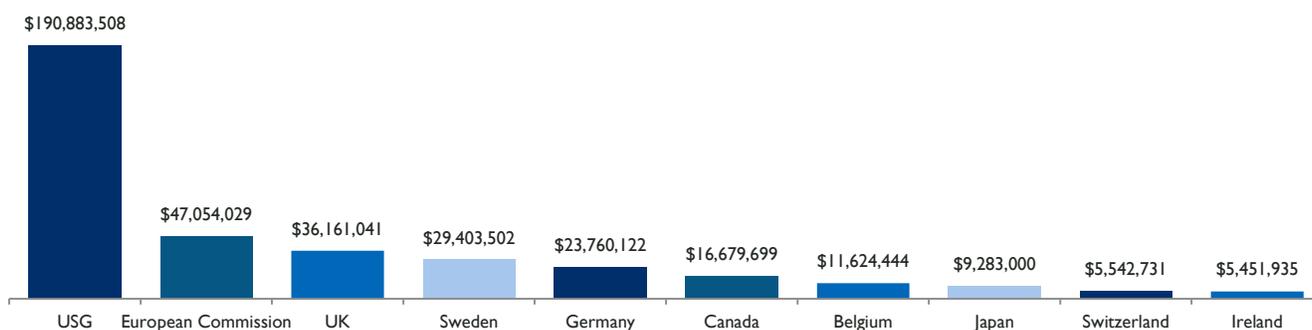
OTHER INTERNATIONAL ASSISTANCE

- On December 1, the UN launched the 2018 Global Humanitarian Overview, calling for approximately \$22.5 billion to assist an estimated 90.9 million people worldwide. The global appeal estimates that 13.1 million people in DRC will require humanitarian assistance in 2018 and requests nearly \$1.7 billion for the 2018 DRC Humanitarian Response Plan (HRP), representing an approximately 125 percent increase from the 2017 HRP. According to the UN, the humanitarian crisis has deepened and spread throughout 2017, as violent conflict and intercommunal tensions led to widespread displacement and food insecurity. As of early December, international donors had provided nearly \$400 million—or 49 percent of the requested amount—to the 2017 DRC HRP, according to the UN.
- The DRC Humanitarian Fund, managed by the UN Office for the Coordination of Humanitarian Affairs (OCHA), has allocated \$20 million in mid-November to meet urgent humanitarian needs over the coming six months in Haut-Katanga, North Kivu, and South Kivu provinces. The funding will support activities in the agriculture, health, nutrition,

and WASH sectors in areas that have experienced heightened intercommunal tensions and violence in recent months, including Haut-Katanga’s Pweto territory, North Kivu’s Rutshuru Territory, and South Kivu’s Fizi and Shabunda territories, among other areas.

- On October 31, the UN Children’s Fund (UNICEF) launched a 15-month multi-sector initiative to counter acute malnutrition and communicable diseases in Ituri Province’s Komanda and Nyakunde towns and North Kivu’s Rwanguba town. Four NGOs will implement activities under the initiative, including provision of health and WASH assistance for approximately 215,000 people and resilience-focused capacity building for state and local institutions to respond to food insecurity and disease outbreaks. The Government of Sweden provided approximately \$2.9 million to support the initiative.

2017 TOTAL HUMANITARIAN FUNDING* PER DONOR



*Funding figures are as of December 11, 2017. All international figures are according to the OCHA Financial Tracking Service and based on international commitments during calendar year 2017, while U.S. Government (USG) figures are according to the USG and reflect USG commitments based on FY 2017 and FY 2018, which began on October 1, 2016 and October 1, 2017, respectively.

CONTEXT

- Despite the implementation of a peace agreement in 2003, fighting between forces loyal to the GoDRC and various armed entities, including the Allied Democratic Forces, Mai-Mai militants, and the Democratic Forces for the Liberation of Rwanda, has contributed 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 DRC and triggered mass internal displacement and refugee outflows.
- In response to ongoing humanitarian needs, on October 13, 2017, U.S. Chargé d’Affaires Jennifer Haskell reissued a disaster declaration for the complex emergency in DRC for FY 2018.

USG HUMANITARIAN FUNDING FOR THE DRC RESPONSE IN FY 2017–2018¹

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
USAID/OFDA²			
ACTED	Logistics Support and Relief Commodities	South Kivu	\$1,289,039
Concern	Shelter and Settlements, WASH	Haut-Lomami, Tanganyika	\$1,548,346
CRS	Economic Recovery and Market Systems (ERMS), Logistics Support and Relief Commodities	Kasai, Kasai-Central, Kasai-Oriental, Tanganyika	\$4,494,477

FAO	Agriculture and Food Security	Kasai, Kasai-Central, Kasai-Oriental, Tanganyika	\$500,000
International Medical Corps (IMC)	Health	North Kivu, Tanganyika	\$3,500,000
International NGO Safety Organization (INSO)	Humanitarian Coordination and Information Management (HCIM)	Kasai, Kasai-Central, Kasai-Oriental, North Kivu, Sankuru, South Kivu, Tanganyika	\$465,942
IMA World Health	Health	Kasai, Kasai-Central	\$1,497,952
International Organization for Migration (IOM)	HCIM, Shelter and Settlements, WASH	North Kivu, Tanganyika	\$1,672,472
IRC	Health	North Kivu, Tanganyika	\$2,104,958
Management Sciences for Health (MSH)	Health	Kasai-Central	\$1,364,263
Medair	Health	Ituri, North Kivu	\$2,500,000
Mercy Corps	WASH	North Kivu	\$2,000,000
OCHA	HCIM	Countrywide	\$1,400,000
Oxfam	WASH	Haut-Katanga, Haut-Lomami, Ituri, North Kivu, South Kivu, Tanganyika	\$3,500,000
Samaritan's Purse	Agriculture and Food Insecurity, Logistics Support and Relief Commodities	Ituri, North Kivu	\$2,820,039
SC/US	Health	Kasai-Oriental, Lomami, North Kivu	\$3,377,028
UN Humanitarian Air Service (UNHAS)	Logistics Support and Relief Commodities	Countrywide	\$5,700,000
UNICEF	Logistics Support and Relief Commodities, Protection, WASH	Kasai, Kasai-Central, Kasai-Oriental, Sankuru	\$4,200,000
	Health, Logistics Support and Relief Commodities, WASH	Countrywide	\$2,500,000
Welthungerhilfe (WHH)	Agriculture and Food Security	North Kivu	\$853,439
	USAID/OFDA Non-Food Item Commodity Donation	Countrywide	\$2,864,422
	Program Support Costs		\$1,119,240
TOTAL USAID/OFDA FUNDING			\$51,271,617
USAID/FFP³			
AAH	Local and Regional Food Procurement	Kasai, Kasai-Central	\$4,005,000
ACTED	Local and Regional Food Procurement	South Kivu	\$2,431,697
CRS	Local and Regional Food Procurement	Kasai-Central, Kasai-Oriental	\$3,485,300
	Food Vouchers, Local and Regional Food Procurement	Tanganyika	\$2,492,107
FEWS NET	Complementary Services	Countrywide	\$750,000
Handicap International	Local and Regional Food Procurement	Kasai-Central	\$4,000,000
IMC	Complementary Services, Local and Regional Food Procurement	Tanganyika	\$1,000,000
Samaritan's Purse	Food Vouchers, Local and Regional Food Procurement	Ituri, North Kivu, Tshopo, Bas-Uele, Haut-Uele	\$3,147,152
UNICEF	Complementary Services	Countrywide	\$81,226
	Complementary Services	Countrywide	\$1,000,000

WFP	100 MT of Local and Regional Food Procurement	Countrywide	\$264,038
	15,590 MT of U.S. In-Kind Emergency Food Aid	Eastern DRC	\$29,699,421
	13,026 MT of Local and Regional Food Procurement, Cash Transfers for Food	Eastern DRC	\$24,759,916
TOTAL USAID/FFP FUNDING			\$77,115,857
STATE/PRM⁴			
ICRC	Protection and Assistance for IDPs and Conflict Victims	Countrywide	\$22,600,000
Première Urgence Internationale (PUI)	Livelihoods, Peacebuilding, and Gender-Based Violence Prevention and Response	Sud-Ubangi	\$1,500,000
UNHCR	Global Appeal for Refugees and IDPs in DRC	Countrywide	\$30,200,000
	Supplementary Appeal in Response to South Sudan Situation	Countrywide	\$6,200,000
UNHAS	Logistics Support and Relief Commodities	Countrywide	\$975,000
World Vision	Gender-Based Violence Prevention and Response, Livelihoods, WASH	Nord-Ubangui, Sud-Ubangui	\$1,021,034
TOTAL STATE/PRM FUNDING			\$62,496,034
TOTAL USG HUMANITARIAN FUNDING FOR THE DRC RESPONSE IN FY 2017–2018			\$190,883,508

¹ Year of funding indicates the date of commitment or obligation, not appropriation, of funds. Funding figures reflect publicly announced funding as of December 11, 2017.

² USAID/OFDA funding represents anticipated or actual obligated amounts as of December 11, 2017.

³ Estimated value of food assistance and transportation costs at time of procurement; subject to change.

⁴ State/PRM funding benefits populations of concern inside the DRC, including Burundi, CAR, and South Sudanese refugees. This amount does not include State/PRM funding for Congolese refugees in neighboring countries.

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 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, dietary, and environmentally appropriate assistance.
- More information can be found at:
 - USAID Center for International Disaster Information: www.cidi.org or +1.202.821.1999.
 - Information on relief activities of the humanitarian community can be found at www.reliefweb.int.

USAID/OFDA bulletins appear on the USAID website at <http://www.usaid.gov/what-we-do/working-crises-and-conflict/responding-times-crisis/where-we-work>