

# DEMOCRATIC REPUBLIC OF THE CONGO - COMPLEX EMERGENCY

FACT SHEET #2, FISCAL YEAR (FY) 2018

MARCH 9, 2018

## 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

**4.5 million**

IDPs in DRC  
UN – December 2017

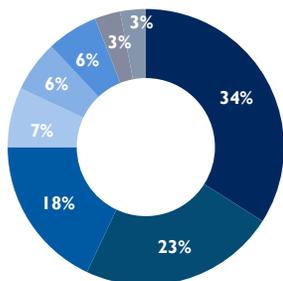
**684,000**

DRC Refugees and Asylum-Seekers Across Africa  
UNHCR – January 2018

**540,400**

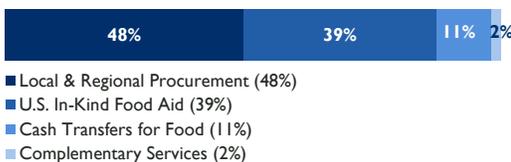
Refugees in DRC  
UNHCR – January 2018

## USAID/OFDA<sup>1</sup> FUNDING BY SECTOR IN FY 2017–2018



- Logistics Support & Relief Commodities (34%)
- Health (23%)
- Water, Sanitation & Hygiene (18%)
- Protection (7%)
- Humanitarian Coordination & Information Management (6%)
- Agriculture & Food Security (6%)
- Nutrition (3%)
- Other (3%)

## USAID/FFP<sup>2</sup> 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

- Conflict continues to displace populations within DRC and to neighboring countries
- UN requests nearly \$1.7 billion to meet humanitarian needs in DRC during 2018
- Cholera and polio type 2 remain critical health concerns

## HUMANITARIAN FUNDING FOR THE DRC RESPONSE IN FY 2017–2018

USAID/OFDA	\$52,686,506
USAID/FFP	\$77,115,857
State/PRM <sup>3</sup>	\$62,496,034
<b>Total</b>	<b>\$192,298,397</b>

## KEY DEVELOPMENTS

- The 2018 Humanitarian Response Plan (HRP) requests nearly \$1.7 billion to provide humanitarian assistance to 10.5 million of the estimated 13.1 million people in need in Democratic Republic of the Congo (DRC). The 2018 appeal is the largest to date for DRC and reflects the widening scope of emergency needs in the country.
- Conflict continues to drive population displacement in DRC, with the UN projecting up to 2.4 million new internally displaced persons (IDPs) by the end of 2018. As of December 2017, approximately 4.5 million IDPs were sheltering across DRC, an increase of more than 100 percent from the estimated 2.2 million IDPs in December 2016, according to the UN.
- Conflict-related disruptions to agricultural and livelihood activities, combined with widespread fall armyworm (FAW) infestations, could reduce harvests in areas of DRC during 2018, the Famine Early Warning Systems Network (FEWS NET) reports. FEWS NET projects that displaced and vulnerable populations across central and eastern DRC will likely experience acute food insecurity through at least September 2018.

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

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

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

## INSECURITY AND POPULATION DISPLACEMENT

- As of December 2017, an estimated 4.5 million people were internally displaced in DRC, an increase of more than 100 percent from the estimated 2.2 million IDPs in December 2016, according to the UN. More than 2 million IDPs—or 44 percent of the country’s IDP population—were sheltering in North Kivu Province and the Kasai region—comprising Kasai, Kasai-Central, Kasai-Oriental, Lomami, and Sankuru provinces. The UN projects that conflict, food insecurity, and other factors could result in 2.4 million new IDPs throughout DRC by the end of 2018.
- Ongoing conflict in DRC could also prompt approximately 175,000 people to flee the country in 2018, bringing the estimated Congolese refugee population to more than 800,000 by the end of the year, according to the Office of the UN High Commissioner for Refugees (UNHCR). Nearly 43,000 people fled DRC to Uganda from January 1–February 20, representing more than two-thirds of the UN’s projected 2018 influx of Congolese refugees to the country. The UN agency expects neighboring countries—including Angola, Burundi, Rwanda, and Tanzania—to receive an increased number of refugees from DRC in 2018, further straining host community resources.
- Between February 25 and 27, authorities in Angola forcibly returned an estimated 530 Congolese refugees to DRC. Of the repatriated people, approximately 50 were registered refugees living in Angola’s Dundo town, while an estimated 480 were unregistered refugees sheltering in Dundo’s Cacanda reception center. As of January 2018, approximately 35,000 biometrically registered Congolese refugees were sheltering in Angola’s Lunda Norte Province, according to the UN.
- On February 17, armed actors attacked a group of aid workers—staff of non-governmental organization (NGO) Hydraulics Without Borders—in North Kivu’s Rutshuru Territory, resulting in the deaths of two staff members and the abduction of a third. The UN immediately condemned the attack, called for the immediate and unconditional release of the abducted individual, and reiterated that armed groups should not target humanitarian personnel; the armed actors had released the abducted worker as of February 21, according to the UN. Insecurity in North Kivu remains a significant impediment to delivering humanitarian assistance to populations in need, the UN reports.
- Tensions in Ituri Province’s Djugu Territory have intensified since mid-December 2017, with renewed intercommunal conflict from March 1–2 resulting in approximately 50 deaths and injuring an unknown number of civilians, international media report. Overall, violence in Ituri has resulted in at least 100 deaths and displaced an estimated 200,000 people between mid-December and early March, according to local authorities. The UN Children’s Fund (UNICEF) reports that conflict in Ituri, including the burning of more than 70 villages and looting of health centers and schools, had displaced an estimated 90,000 children as of February 24. In response, humanitarian agencies are distributing emergency relief items—such as blankets, safe drinking water, and soap—to displaced populations.

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## FOOD SECURITY AND NUTRITION

- During 2017, erratic rainfall, limited access to agricultural inputs, and infestations of FAW—an invasive insect species that can cause significant damage to both staple and cash crops—resulted in poor harvests throughout eastern DRC, according to FEWS NET. The organization estimates that crop losses due to FAW were as high as 20 percent in some localities of DRC, and ongoing infestations threaten future agricultural production in affected areas of the country. Conflict and protracted population displacement continued to limit household access to food and livelihood activities across central and eastern DRC as of February 2018, FEWS NET reported.
- Between February and May, vulnerable populations in areas of Ituri, Kasai, Kasai-Central, Kasai-Oriental, Maniema, South Kivu, and Tanganyika provinces will likely experience Crisis—IPC 3—levels of acute food insecurity, according to FEWS NET.<sup>4</sup> Mid-2018 harvests in DRC are expected to moderately improve food security to Stressed—IPC 2—levels in parts of Maniema and South Kivu, although vulnerable populations in conflict-affected areas of Ituri, Kasai, Kasai-Central, Kasai-Oriental, and Tanganyika will likely continue to face Crisis-level acute food insecurity through at least September. In addition, FEWS NET reports that low levels of humanitarian assistance for returnees and limited access to livelihood activities are exacerbating food insecurity among vulnerable populations and reducing harvests in Kasai,

<sup>4</sup> 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.

Kasaï-Central, and Kasaï-Oriental. In Tanganyika, conflict and population displacement continue to drive acute food insecurity and other humanitarian needs. Renewed intercommunal fighting in Ituri since late 2017 has also resulted in significant crop losses and disrupted agricultural and livelihood activities, further restricting access to food.

- Since late 2016, conflict and protracted population displacement in Kasaï-Central has exacerbated acute malnutrition levels among vulnerable people in the province. In October 2017, relief actors conducted Rapid Standardized Monitoring and Assessment of Relief and Transitions (SMART) surveys—an interagency initiative designed to collect reliable nutrition and mortality data—in two health zones of Kasaï-Central’s Dibaya Territory, according to the Government of DRC (GoDRC) Ministry of Public Health (MoPH). The SMART survey found critical levels of global acute malnutrition (GAM)—15.1 percent and 10.2 percent—in the two health zones; the UN World Health Organization (WHO) emergency threshold for GAM is 15 percent. The survey also identified severe acute malnutrition levels of 4.5 percent among children younger than five years of age in one health zone of Dibaya.
- On February 5, USAID partner Catholic Relief Services (CRS) began distributing food vouchers and food assistance to approximately 8,800 displaced and returnee households in Tanganyika, including approximately 2,200 households in Kalemie city’s Kaseke IDP camp; CRS also provided emergency relief commodities to IDPs in Kaseke in late February. An estimated 48,000 IDPs are sheltering in 13 informal camps or with host community members in the vicinity of Kalemie. A December 2017 Emergency Food Security Assessment conducted by the Food Security Cluster—the coordinating body for humanitarian food security activities, comprising UN agencies, NGOs, and other stakeholders—estimates that 1.4 million people in Tanganyika, or 42 percent of the province’s population, face severe levels of acute food insecurity. With approximately \$5.6 million in FY 2017 funding from USAID/FFP and USAID/OFDA, CRS continues to assist vulnerable households in Tanganyika’s conflict-affected communities with emergency food assistance and relief commodities.
- USAID partner the Agency for Technical Cooperation and Development (ACTED) recently resumed emergency operations in South Kivu’s Molungo District, following a temporary suspension of activities in early March due to insecurity. With more than \$3.7 million in FY 2017 funding from USAID/FFP and USAID/OFDA, ACTED continues to provide emergency relief commodities and food assistance to displaced and vulnerable populations in South Kivu.
- In late February, USAID/FFP partner Handicap International distributed beans, cooking oil, flour, and maize to more than 2,700 households in Kasaï-Central and conducted culinary demonstrations to promote the preparation and consumption of nutritious foods.<sup>5</sup> In FY 2017, USAID/FFP contributed \$4 million to Handicap International to deliver emergency food assistance to conflict-affected populations in Kasaï-Central.

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## HEALTH AND WASH

- Health actors reported more than 5,900 suspected cases of cholera, including approximately 100 related deaths, between January 1 and February 23, according to WHO. In response to ongoing cholera transmission, the GoDRC MoPH and WHO are implementing a joint response plan, released in September 2017, including establishing cholera treatment units and providing water, sanitation, and hygiene (WASH) assistance to affected populations. As of February, WHO had deployed 20 international experts to DRC and reallocated 50 staff members within the country to conduct cholera response activities, according to the UN agency.
- On February 13, the GoDRC declared a national public health emergency due to a polio type 2 outbreak. Health officials had recorded 21 cases, including 11 cases in Tanganyika, eight cases in Haut-Lomami Province, and two cases in Maniema as of February 19, WHO reports. The majority of cases occurred in communities where oral polio vaccine coverage among children was absent or insufficient, according to WHO. The UN agency is coordinating with the GoDRC and other health organizations to strengthen disease surveillance and immunization activities, as well as to scale up social mobilization efforts focused on raising public awareness related to polio and vaccine services, particularly for children.

<sup>5</sup> On January 24, 2018, Humanity & Inclusion became the new name of Handicap International.

- From February 12–14, USAID/OFDA staff traveled to Kasai-Central’s city of Kananga to visit two health care facilities supported by USAID/OFDA partner Management Sciences for Health (MSH) and gain a greater understanding of humanitarian needs and challenges in the area. With USAID/OFDA support, MSH is supporting free primary health care services for conflict-affected communities in Kasai-Central, reaching nearly 1,600 children younger than five years of age across the two facilities in January, a notable increase from the approximately 200 children served at each clinic in December 2017. Overall, the organization reported reaching nearly 29,900 children younger than five years of age in Kasai-Central during the month of December—a nearly 78 percent increase from the 16,800 children reached in September 2017. In addition to providing free primary health care services, MSH is conducting complementary training for health care professionals and supporting rehabilitation efforts at health clinics damaged by conflict in 2016 and 2017.
- During the February 12–14 visit, USAID/OFDA staff also met with UNICEF representatives, who reported that humanitarian access in the Kasai region has improved compared to early 2017; an estimated 80 percent of the region’s key humanitarian road transportation routes were accessible as of mid-February. In addition, as of January 2018, UNICEF had reached nearly 15,600 households with USAID/OFDA-provided non-food item kits; 14,750 households with water supply services; and more than 76,200 households with hygiene promotion.
- USAID/OFDA partner Mercy Corps continues to provide emergency WASH support to vulnerable populations in North Kivu’s Hombo town, where approximately 4,000 newly displaced households were sheltering as of early February. According to Mercy Corps, an estimated 30 percent of Hombo’s population can access latrines, and open defecation contributes to increased health risks in the town. Additionally, populations often resort to using untreated water sources, such as nearby rivers, for domestic purposes due to constrained water access in the area. In response, Mercy Corps is constructing latrines, establishing water chlorination points, and conducting hygiene promotion campaigns to improve WASH conditions in Hombo. In FY 2017, USAID/OFDA provided Mercy Corps with \$2 million to deliver emergency WASH assistance in North Kivu.

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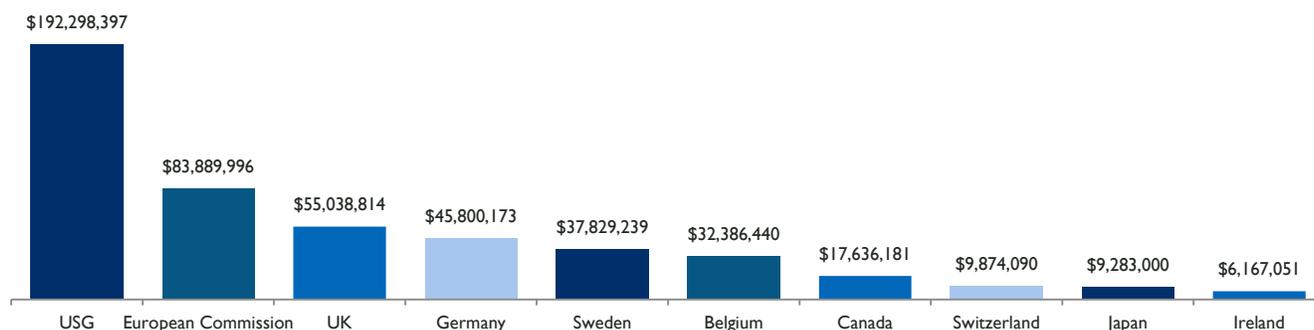


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## **OTHER INTERNATIONAL ASSISTANCE**

- On January 18, the UN launched the 2018 HRP for DRC, requesting approximately \$1.68 billion to assist 10.5 million of the most vulnerable people in the country. Overall, the 2018 HRP identified an estimated 13.1 million people in need of humanitarian assistance, a nearly 80 percent increase compared to the 2017 HRP’s estimate of 7.3 million people in need. The 2018 appeal is the largest to date for DRC and reflects the widening geographic scope of emergency needs and deteriorating situation, according to the UN. In mid-January, Deputy Special Representative of the Secretary-General and UN Resident and Humanitarian Coordinator Kim Bolduc underscored the persistent humanitarian and protection crises in DRC and called for sustained international support to assist populations in need.
- In mid-February, UNHCR released a supplementary budget appeal of approximately \$368.7 million for the regional response to the DRC humanitarian crisis, which will provide emergency assistance to Congolese fleeing conflict. More than \$72.3 million of the total is required to meet urgent needs related to the DRC response.
- On February 13, the Government of Switzerland announced a contribution of more than \$3.2 million to support ongoing efforts to alleviate acute malnutrition in DRC. The funding will assist UNICEF, the UN Food and Agriculture Organization (FAO), and the UN World Food Program (WFP) to address the nutritional needs of an estimated 12,000 pregnant or lactating women and approximately 12,000 children younger than two years of age in South Kivu’s Bunyakiri and Minova health zones as part of a multi-year project to mitigate acute malnutrition in the province.

## 2017–2018 TOTAL HUMANITARIAN FUNDING\* PER DONOR



\*Funding figures are as of March 9, 2018. All international figures are according to the UN Office for the Coordination of Humanitarian Affairs (OCHA) Financial Tracking Service and based on international commitments during calendar years 2017 and 2018, 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, a.i., Jennifer Haskell reissued a disaster declaration for the complex emergency in DRC for FY 2018.

### USG HUMANITARIAN FUNDING FOR THE DRC RESPONSE IN FY 2017–2018<sup>1</sup>

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
<b>USAID/OFDA<sup>2</sup></b>			
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	Kasai, North Kivu, South Kivu, Tanganyika	\$465,942
IMA World Health	Health	Kasai, Kasai-Central	\$1,497,952
International Organization for Migration (IOM)	Humanitarian Coordination and Information Management, Shelter and Settlements, WASH	North Kivu, Tanganyika	\$1,672,472

International Rescue Committee (IRC)	Health	North Kivu, Tanganyika	\$2,104,958
MSH	Health	Kasai-Central	\$1,364,263
Medair	Health	Ituri, North Kivu	\$2,500,000
Mercy Corps	WASH	North Kivu	\$2,000,000
OCHA	Humanitarian Coordination and Information Management	Countrywide	\$2,400,000
Oxfam	WASH	Haut-Katanga, Haut-Lomami, Ituri, North Kivu, South Kivu, Tanganyika	\$3,500,000
Samaritan's Purse	Agriculture and Food Security, Logistics Support and Relief Commodities	Ituri, North Kivu	\$2,820,039
Save the Children U.S. (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	\$2,874,582
	Program Support Costs		\$1,523,969
<b>TOTAL USAID/OFDA FUNDING</b>			<b>\$52,686,506</b>

<b>USAID/FFP<sup>3</sup></b>			
Action Against Hunger (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
FEVS 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-Uélé, Haut-Uélé	\$3,147,152
UNICEF	Complementary Services	Countrywide	\$81,226
	Complementary Services	Countrywide	\$1,000,000
	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
WFP	13,026 MT of Local and Regional Food Procurement, Cash Transfers for Food	Eastern DRC	\$24,759,916
<b>TOTAL USAID/FFP FUNDING</b>			<b>\$77,115,857</b>

STATE/PRM <sup>4</sup>			
International Committee of the Red Cross (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
<b>TOTAL STATE/PRM FUNDING</b>			<b>\$62,496,034</b>
<b>TOTAL USG HUMANITARIAN FUNDING FOR THE DRC RESPONSE IN FY 2017–2018</b>			<b>\$192,298,397</b>

<sup>1</sup> Year of funding indicates the date of commitment or obligation, not appropriation, of funds. Funding figures reflect publicly announced funding as of March 9, 2018.

<sup>2</sup> USAID/OFDA funding represents anticipated or actual obligated amounts.

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

<sup>4</sup> State/PRM funding benefits populations of concern inside the DRC, including Burundi, Central African Republic, 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](http://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](http://www.cidi.org) or +1.202.821.1999.
  - Information on relief activities of the humanitarian community can be found at [www.reliefweb.int](http://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>