

DEMOCRATIC REPUBLIC OF THE CONGO - COMPLEX EMERGENCY

FACT SHEET #3, FISCAL YEAR (FY) 2017

JUNE 29, 2017

NUMBERS AT A GLANCE

8 million

People in DRC Requiring Humanitarian Assistance
HRP – January 2017
Kasaï Flash Appeal – April 2017

3.7 million

IDPs in DRC
OCHA – March 2017

5.9 million

Acutely Food-Insecure People in DRC
UN – June 2017

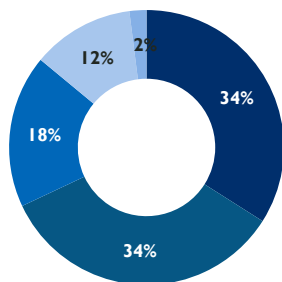
479,648

DRC Refugees Across Africa
UNHCR – June 2017

472,396

Refugees from Neighboring Countries in DRC
UNHCR – June 2017

USAID/OFDA¹ FUNDING BY SECTOR IN FY 2017



- Health (34%)
- Water, Sanitation, & Hygiene (34%)
- Logistics Support & Relief Commodities (18%)
- Humanitarian Coordination & Information Management (12%)
- Shelter & Settlements (2%)

USAID/FFP² FUNDING



- U.S. In-Kind Food Aid (54%)
- Local and Regional Procurement (46%)

HIGHLIGHTS

- USG declares a disaster in the Kasai region due to increased conflict and displacement
- GoDRC and WHO declare EVD outbreak in Bas-Uélé Province in May
- USG provides additional \$51.6 million in humanitarian assistance for DRC

HUMANITARIAN FUNDING FOR THE DRC RESPONSE IN FY 2017

USAID/OFDA	\$17,549,310
USAID/FFP	\$54,804,601
State/PRM ³	\$35,175,000
\$107,528,911	

KEY DEVELOPMENTS

- Intensified clashes between the Armed Forces of Democratic Republic of the Congo (FARDC) and local militia have displaced nearly 1.3 million people in the Kasai region since August 2016, with an additional 30,000 people fleeing to Angola since April 2017, the UN reports. In response, the U.S. Government (USG) declared a disaster for the crisis in the Kasai region on May 4.
- On April 25, the Government of DRC (GoDRC) and the UN launched a flash appeal requesting \$64.5 million in emergency assistance to support approximately 731,000 people affected by recent conflict in the Kasai region for up to six months.
- Since April, the USG has provided an additional \$51.6 million in funding to respond to urgent humanitarian needs in DRC, including in the Kasai region. The total includes nearly \$35.2 million from State/PRM to protect and support internally displaced persons (IDPs) and refugees in DRC, more than \$16 million in multi-sector assistance from USAID/OFDA, and more than \$345,000 from USAID/FFP for countrywide emergency assistance.

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)

DISPLACEMENT, HUMANITARIAN ACCESS, AND INSECURITY

Kasai Region

- Beginning in August 2016, clashes between FARDC and local armed groups erupted in Kasai-Central Province's Dibaya Territory and subsequently spread to the Kasai region's Kasai, Kasai-Oriental, Lomami, and Sankuru provinces. Violence in the Kasai region had resulted in at least 3,300 civilian deaths and displaced approximately 1.3 million people as of June 22, according to the UN and relief actor estimates. The ongoing conflict continues to result in population displacement, with nearly 56,000 people reported displaced between late May and mid-June and a further 30,000 refugees fleeing to neighboring Angola as of June 12—an increase of approximately 6,500 people in less than a month, the UN reports. Relief actors are providing multi-sector assistance to an estimated 352,000 people in Kasai, Kasai-Central, and Kasai-Oriental provinces; however, the UN reports that significant needs remain unmet due to inadequate funding and humanitarian access constraints.
- The UN remains highly concerned about ongoing protection violations in the region, including violence against civilians and sexual and gender-based violence (SGBV). Relief agencies have recorded approximately 600 cases of SGBV since August 2016, and the UN estimates that armed groups have recruited more than 500 boys and girls as child soldiers during the same period.
- To improve humanitarian coordination and identify priority needs and response gaps, the UN Humanitarian Country Team for DRC established a Kasai Task Force that began meeting in DRC's capital city of Kinshasa in early April. Humanitarian access in the Kasai region has increased in recent weeks, and several relief agencies have organized assessment missions to parts of the region since mid-May to identify priority needs and response activities. On May 16, an interagency rapid assessment led by the UN Office for the Coordination of Humanitarian Affairs (OCHA) evaluated needs in Dibaya, marking the first interagency assessment in Kasai-Central since August 2016. Additionally, from May 18–22, a joint assessment team comprising non-governmental organizations (NGOs) and UN agencies visited the Kasai region's Kananga and Tshikapa towns to assess education and food security needs. Insecurity has adversely affected local access to markets and resulted in inflated prices and low availability of essential goods. The UN World Food Program (WFP) reports that approximately 42 percent of surveyed households in Kasai, Kasai-Central, and Kasai-Oriental are experiencing acute food insecurity. In addition, health actors report increased health risks due to the collapse of local health systems, compounded by the departure of health care professionals from affected areas.
- Approximately 400,000 children in the Kasai region are at risk of severe acute malnutrition (SAM), the UN Children's Fund (UNICEF) reports. In Kasai-Central alone, approximately one-third of health centers have closed due to limited supplies, looting, and insecurity. Insecurity and population displacement have also reduced access to basic services, food, and safe drinking water, and UNICEF warns that already concerning nutrition conditions could further deteriorate in the coming months. In response, UNICEF is increasing emergency operations in the region, including delivery of therapeutic food to treat acutely malnourished children and trainings to enhance community health workers' ability to screen children for SAM. UNICEF requires more than \$40 million to support a scale-up in Kasai response operations, the UN agency reports.
- USAID/OFDA recently provided nearly \$3.4 million to NGO Save the Children/U.S. (SC/US) for emergency health interventions in DRC, including in Kasai-Oriental and Lomami. USAID/OFDA and USAID/FFP are accelerating efforts to support vulnerable communities, coordinate response activities with relief actors, and monitor the evolving humanitarian situation in the region.

Tanganyika Province

- USAID/OFDA and USAID/FFP staff traveled to Tanganyika Province between April 28 and May 5 to evaluate humanitarian needs related to the ongoing intercommunal conflict in the province, which has displaced an estimated 121,000 people since late 2016. Despite relative calm in recent months, security conditions in Tanganyika remain unstable, with instances of sporadic violence and numerous reports of criminality, according to humanitarian actors.
- During the trip, USAID staff met with representatives from the GoDRC, UN agencies, and NGO partners and visited seven IDP settlements in the province to observe ongoing response activities, including by USAID/OFDA partners.

For example, USAID/OFDA partner Oxfam is providing critical water, sanitation, and hygiene (WASH) assistance—such as constructing emergency latrines and facilitating access to safe drinking water—at three IDP sites in the province. Through \$3.5 million in FY 2017 assistance, USAID/OFDA is supporting Oxfam to provide emergency WASH support to a targeted 200,000 vulnerable people in eastern DRC, including Tanganyika.

- On June 19, approximately 12,000 IDPs sheltering in Tanganyika’s Katanika IDP camp received essential household items and shelter materials through a commodities fair organized by USAID partner Catholic Relief Services (CRS). The IDPs have been sheltering at Katanika, outside Tanganyika’s Kalemie town, since fleeing violence elsewhere in Tanganyika’s Kalemie Territory in December 2016 and January 2017. In FY 2016, USAID/OFDA and USAID/FFP provided approximately \$5.5 million—including \$2.3 million from USAID/FFP and \$2.2 million from USAID/OFDA—to CRS for the provision of emergency food assistance and relief commodities, as well as livelihoods, logistics, and shelter support, in eastern DRC.
- With nearly \$1.7 million in FY 2017 assistance from USAID/OFDA, the International Organization for Migration (IOM) is conducting shelter and WASH interventions and bolstering humanitarian coordination and information management in North Kivu and Tanganyika provinces.

FOOD SECURITY

- Conflict in eastern DRC continues to trigger population displacement and limit access to livelihoods, resulting in acute food insecurity, according to the USAID-funded Famine Early Warning Systems Network (FEWS NET). As a result, FEWS NET projects that parts of Haut-Katanga, Maniema, and Tanganyika provinces will experience Crisis—IPC 3— or Stressed—IPC 2—levels of acute food insecurity through September.⁴ In addition, vulnerable and displaced households in the Kasai region will likely experience Crisis- and Stressed-level food insecurity due to high food prices, limited food access, and constrained livelihoods, with many poor households resorting to negative coping mechanisms, such as eating fewer meals, selling household assets, and migrating to find work. Other areas of DRC will likely produce average harvests in June and July, however, leading to Minimal—IPC 1—levels of food insecurity through September, FEWS NET reports.
- On May 24, the GoDRC reported the country’s first outbreak of highly pathogenic avian influenza in Ituri Province. The outbreak—suspected to be H5N8 virus—has resulted in the deaths of more than 22,000 ducks, 2,000 chickens, and 300 pigeons in Ituri’s Djugu, Irumi, and Mahagi territories, according to the UN Food and Agriculture Organization (FAO). The GoDRC is taking measures to limit the spread of the virus, but large numbers of infected poultry and the closure of all markets for poultry trade has significantly decreased the incomes of vulnerable households in affected areas and will likely restrict household food access, according to FEWS NET. To date, no human cases of infection with H5N8 have been reported.
- USAID/FFP recently provided an additional \$264,000 to WFP for the procurement of 100 metric tons (MT) of High Energy Biscuits to meet the emergency food needs of vulnerable populations. Cumulatively, USAID/FFP has provided approximately \$54.7 million in FY 2017 assistance to support WFP’s emergency response efforts in DRC.

HEALTH

- On May 11, the GoDRC and the UN World Health Organization (WHO) declared an Ebola Virus Disease (EVD) outbreak in northern DRC’s Bas-Uélé Province, following laboratory confirmation of an EVD-positive sample. The outbreak marks the country’s eighth EVD outbreak since 1976, according to WHO. To date, the GoDRC and WHO have recorded five confirmed and three suspected EVD cases, resulting in four deaths. Health actors discharged the most recent case on May 21, following two consecutive negative EVD tests. On June 2, the GoDRC Minister of Health announced that health actors had not recorded any new EVD cases in the country in 21 days, the internationally

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.

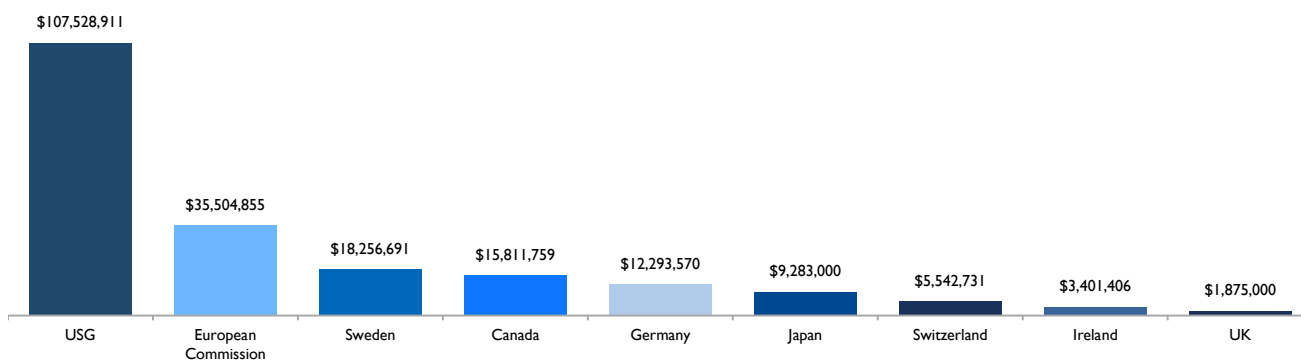
recognized maximum incubation period for the disease. A response team remains on standby in the affected area in the event of additional cases.

- Since January, health actors have recorded nearly 50 suspected cholera cases, including at least six related deaths, in DRC’s capital city of Kinshasa. Approximately half of these cases were identified from May 13–22 in Kinshasa’s Kokolo and Limete health zones. Local authorities are investigating the situation and providing community awareness and case management training at health facilities in affected areas.
- On May 12, GoDRC authorities in Haut-Lomami Province declared a cholera epidemic in Bukama Territory, where health actors recorded more than 140 suspected cholera cases from May 8–21, according to the UN. Between January 1 and May 21, health actors recorded a total of 380 suspected cases in Bukama, and the UN reports that the epidemic is likely related to increased reliance on contaminated water sources, limited access to sanitation facilities, and poor hygiene practices. In response, the Red Cross of DRC is conducting water chlorination in Bukama’s Kisang wa Bioni health zone, the epicenter of the epidemic, and UNICEF plans to conduct hygiene promotion activities in the affected areas in the coming weeks.

OTHER HUMANITARIAN ASSISTANCE

- The UN Central Emergency Response Fund (CERF)—a pooled humanitarian fund established and managed by the UN to support sudden-onset and underfunded emergencies—has allocated approximately \$4.5 million in funding to support multi-sector response activities in the Kasai region. On June 22, UN Humanitarian Coordinator for DRC Mamadou Diallo announced a new disbursement of \$3 million for the Kasai crisis from the OCHA-managed DRC Humanitarian Fund, bringing total Humanitarian Fund assistance for the region to \$5 million.
- On June 12, the Office of the UN High Commissioner for Refugees (UNHCR) and partners issued an Interagency Appeal requesting \$65 million to construct a new refugee site in Angola’s Lunda Norte Province and provide life-saving assistance to an estimated 50,000 refugees from Kasai through the end of 2017. USAID/FFP partner WFP is mobilizing resources to provide emergency assistance to approximately 23,000 central DRC refugees in Angola.
- In January, the GoDRC and the UN launched the 2017 DRC Humanitarian Response Plan (HRP), requesting \$748 million to assist approximately 6.7 million people, including approximately 2.1 million IDPs, 1.5 million people in need of protection services, nearly 500,000 acutely malnourished children, and other vulnerable populations who lack access to health care services, safe drinking water, and shelter. In April, the GoDRC and the UN launched an emergency flash appeal requesting \$64.5 million to support approximately 731,000 conflict-affected people in the Kasai region, bringing the total funding request for DRC to nearly \$813 million. As of June 23, international donors had provided nearly \$179.6 million, or approximately 22 percent, of the requested total for both appeals.

2017 TOTAL HUMANITARIAN FUNDING* PER DONOR



*Funding figures are as of June 29, 2017. All international figures are according to OCHA Financial Tracking Service and based on international commitments during calendar year 2017, while USG figures are according to the USG and reflect USG commitments based on FY 2017, which began on October 1, 2016.

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 6, 2016, U.S. Ambassador James C. Swan reissued a disaster declaration for the complex emergency in DRC for FY 2017.
- On May 4, U.S. Chargé d’Affaires, a.i., for DRC Robert E. Whitehead declared a humanitarian disaster in central DRC due to intensified fighting between FARDC and local militia, resulting in increased humanitarian needs in the Kasai region.

USG HUMANITARIAN FUNDING FOR THE DRC RESPONSE IN FY 2017 ¹

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
USAID/OFDA²			
IOM	Humanitarian Coordination and Information Management, Shelter & Settlements, WASH	North Kivu, Tanganyika	\$1,672,472
Medair/SWI	Health	North Kivu	\$2,500,000
Mercy Corps	WASH	North Kivu	\$2,000,000
OCHA	Humanitarian Coordination and Information Management	Countrywide	\$1,000,000
Oxfam	WASH	Haut-Katanga, Haut-Lomami, Ituri, North Kivu, South Kivu, Tanganyika	\$3,500,000
SC/US	Health	Kasai-Oriental, Lomami, North Kivu	\$3,377,028
UN Humanitarian Air Service (UNHAS)	Logistics Support and Relief Commodities	Countrywide	\$3,000,000
	Program Support Costs		\$499,810
TOTAL USAID/OFDA FUNDING			\$17,549,310
USAID/FFP³			
UNICEF	Operational Support	Countrywide	\$81,226
	100 MT of Local and Regional Food Procurement	Countrywide	\$264,038
WFP	15,590 MT of U.S. In-Kind Food Aid	Eastern DRC	\$29,699,421
	13,026 MT of Local and Regional Food Procurement	Eastern DRC	\$24,759,916
TOTAL USAID/FFP FUNDING			\$54,804,601

STATE/PRM ⁴			
International Committee of the Red Cross (ICRC)	Protection and Assistance for IDPs and Conflict Victims	Countrywide	\$7,800,000
UNHCR	Global Appeal for Refugees and IDPs in DRC	Countrywide	\$20,200,000
	Supplementary Appeal in Response to South Sudan Situation	Countrywide	\$6,200,000
UNHAS	Logistics Support and Relief Commodities	Countrywide	\$975,000
TOTAL USAID/PRM FUNDING			\$35,175,000
TOTAL USG HUMANITARIAN FUNDING FOR THE DRC RESPONSE IN FY 2017			\$107,528,911

¹ Year of funding indicates the date of commitment or obligation, not appropriation, of funds. Funding figures reflect publicly announced funding as of June 29, 2017.

² USAID/OFDA funding represents anticipated or actual obligated amounts as of June 29, 2017.

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

⁴ PRM funding benefits populations of concern inside the DRC, including Burundi, CAR, and South Sudanese refugees. This amount does not include 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>