

# DEMOCRATIC REPUBLIC OF THE CONGO - COMPLEX EMERGENCY

FACT SHEET #5, FISCAL YEAR (FY) 2015

SEPTEMBER 30, 2015

## NUMBERS AT A GLANCE

**7 million**

People Requiring Humanitarian Assistance in DRC  
OCHA – June 2015

**1.5 million**

IDPs in DRC  
OCHA – June 2015

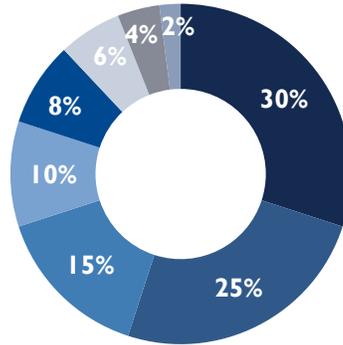
**430,656**

DRC Refugees in Africa  
UNHCR – September 2015

**248,092**

Refugees from Neighboring Countries in DRC  
UNHCR – September 2015

## USAID/OFDA<sup>1</sup> FUNDING BY SECTOR IN FY 2015



- Logistics Support & Relief Commodities (30%)
- Health (25%)
- Water, Sanitation, & Hygiene (15%)
- Agriculture & Food Security (10%)
- Humanitarian Coordination & Information Management (8%)
- Protection (6%)
- Shelter & Settlements (4%)
- Economic Recovery & Market Systems (2%)

## USAID/FFP<sup>2</sup> FUNDING BY MODALITY IN FY 2015



- U.S. In-Kind Food Aid (74%)
- Local and Regional Food Procurement (25%)
- Food Vouchers (1%)

## HIGHLIGHTS

- OCHA adjustment to data collection results in reduced countrywide IDP figure
- Health workers record more than 28,400 measles cases and more than 400 related deaths in Katanga Province
- UNICEF-managed RRMP mechanism provides life-saving assistance to new IDPs
- The USG provides nearly \$177 million in humanitarian assistance to DRC in FY 2015

## HUMANITARIAN FUNDING TO DRC IN FY 2015

USAID/OFDA	\$49,199,726
USAID/FFP	\$62,115,989
State/PRM <sup>3</sup>	\$65,550,000

**\$176,865,715**  
TOTAL USAID AND STATE HUMANITARIAN ASSISTANCE TO DRC

## KEY DEVELOPMENTS

- In early September, UN Assistant Secretary-General for Humanitarian Affairs and Deputy Emergency Relief Coordinator (ASG/ERC) Kyung-wha Kang traveled to North Kivu and South Kivu provinces to assess the humanitarian situation, discuss access constraints, and call for increased international support to the Democratic Republic of the Congo (DRC). During the visit, ASG/ERC Kang met with local authorities and relief organizations and advocated for additional linkages between humanitarian and development interventions to improve the current humanitarian situation and facilitate internally displaced person (IDP) returns.
- USAID/OFDA recently provided more than \$11 million to support humanitarian response efforts in DRC, bringing total USAID/OFDA assistance for DRC in FY 2015 to more than \$49 million. USAID/OFDA programs deliver emergency relief commodities, support life-saving health services, improve access to safe drinking water, and respond to the protection needs of IDPs and other conflict-affected populations in DRC.

<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)

## **DISPLACEMENT, INSECURITY, AND HUMANITARIAN ACCESS**

### **Current Situation**

- In May, the UN Office for the Coordination of Humanitarian Affairs (OCHA) revised its data collection methods for estimating IDPs in DRC. The resultant process reduced the estimated countrywide IDP figure to nearly 1.5 million people—an approximately 48 percent reduction. OCHA reports that the decline in the IDP figure relates to the new methodology, which only reflects confirmed IDPs, and does not indicate widespread IDP returns. Estimating population movements and the total number of displaced persons is a complex issue, particularly in contexts such as DRC where population movements are continuously fluid, occur in multiple directions, and include repeated displacements and returns.
- Ongoing political violence and protests in Burundi prompted an additional 560 people to flee to DRC between August 23 and September 20, bringing the total number of Burundian refugees in DRC to nearly 15,300 people, according to the Office of the UN High Commissioner for Refugees (UNHCR). Refugee flows have moderated since July, and more than 8,900 people were sheltering at the Lusenda refugee camp in South Kivu as of September 27, while an additional 6,300 people remained with host families. Additional displaced persons were sheltering at transit centers or other temporary displacement sites.

### **Katanga Province**

- Approximately 16,000 IDPs returned to areas of origin in Katanga Province's Nyunzu Territory between May and July, according to the UN. The returnees represent an estimated 80 percent of the nearly 20,000 people displaced by intercommunal conflict in the province since early 2015. The UN reported that earlier violence had destroyed most houses and other infrastructure, including health centers and schools in affected villages. Armed assailants had also looted and destroyed agricultural fields, which has limited livelihood opportunities for recent returnees and prompted concerns of possible food shortages in the coming months.
- In June and July, relief actors recorded approximately 1,620 and 1,260 protection incidents, respectively, in Katanga's Kalemie, Malemba, Manono, Mitwaba, Nkulu, Nyunzu, and Pweto territories, according to UNHCR. More than half the affected people were returnees and incidents included rapes, assaults, and arbitrary arrests by armed actors and security forces. Between January and July, relief workers recorded more than 15,700 protection incidents in the province, accounting for more than 90 percent of the total protection incidents reported in 2014.
- Between January and July, the UN World Food Program (WFP) distributed more than 7,200 metric tons (MT) of food assistance to more than 876,000 beneficiaries in Katanga. In late August, WFP and non-governmental organization (NGO) Action Against Poverty provided emergency food assistance to approximately 11,000 conflict-affected people in Mitwaba.

### **North Kivu Province**

- The armed group Allied Democratic Forces (ADF) continues to attack civilians and clash with the Armed Forces of DRC (FARDC) and UN Organization Stabilization Mission in DRC (MONUSCO) peacekeepers in North Kivu's Beni Territory, resulting in new population displacement and generating significant humanitarian needs. ADF-related insecurity resulted in more than 30 health clinics suspending operations in July and August, limiting access to health care services for up to 30,000 people. Between October 2014 and September 2015, ADF forces repeatedly attacked security forces and civilians in Beni, resulting in more than 450 deaths, international media reported.
- Early August clashes between the FARDC and armed groups Democratic Forces for the Liberation of Rwanda (FDLR) and Nyatura displaced populations in North Kivu's Rutshuru Territory, according to the UN. Humanitarian assessments in conflict-affected areas identified nearly 6,400 displaced households near Bukombo and Tongo towns who required emergency relief commodities, food assistance, health care services, and water, sanitation, and hygiene (WASH) support. Under existing rapid response mechanisms, humanitarian actors distributed relief commodities and provided food supplies, while NGO Solidarités International provided additional WASH support to affected households, according to OCHA.

- USAID/OFDA recently provided more than \$1.5 million to the International Rescue Committee (IRC) to support rapid response health and protection interventions in North Kivu and South Kivu. IRC has established two emergency protection teams in North Kivu to provide rapid protection assistance and basic health care interventions in response to new population displacement in the two provinces. Aiming to reach up to 90,000 conflict-affected people, IRC is improving access to life-saving health care and protection services while reinforcing community-based support networks.
- USAID/OFDA also provided nearly \$1 million to Welthungerhilfe (WHH) to support agriculture and food security interventions—providing seeds and tools to stimulate agricultural production and benefit more than 45,000 people in Beni. The funds complement more than \$1.2 million in FY 2014 funding to provide emergency relief commodities and support economic recovery activities, bringing total USAID/OFDA support for WHH interventions in North Kivu to more than \$2.2 million from FY 2014–2015.

### **South Kivu Province**

- Increased fighting between the FARDC and the armed group Raia Mutomboki in South Kivu’s Shabunda Territory in recent months has resulted in attacks against civilians, including abductions, looting, and gender-based violence. The violence has displaced more than 32,000 people since January, and a UN-led interagency assessment in July identified acute emergency needs among more than 108,000 conflict-affected people in the territory.
- From September 17–20, IRC distributed emergency relief commodities to more than 3,200 vulnerable households in Shabunda under the Rapid Response to Population Movement (RRMP) mechanism—a standing platform managed by the UN Children’s Fund (UNICEF) with USAID/OFDA support. Additional RRMP partners have provided life-saving health services, WASH support, and other humanitarian interventions to affected populations in the territory’s Shabunda Centre, Lugungu, and Mulungu towns. The UN estimates that humanitarian actors require an additional \$4.2 million, however, to cover remaining priority needs, with significant gaps identified in the food security, health, nutrition, and protection sectors. In FY 2015, USAID/OFDA provided \$5.5 million to UNICEF to support the RRMP, which enables the rapid deployment of assistance to address emergency needs across eastern DRC.
- As of September 17, more than 2,400 IDPs in South Kivu had returned to areas of origin in Uvira Territory’s Mutarule town, where intercommunal violence in June 2014 resulted in 35 deaths and caused thousands of people to flee to Uvira’s Sange town. The efforts of FARDC and police personnel, as well as MONUSCO forces, have moderately improved security in the area and facilitated IDP returns to Mutarule, according to the UN. Armed groups continue to operate in northern Mutarule, however, and following significant IDP returns in mid-August, armed Mai-Mai elements attacked community members and stole livestock, newly displacing an undetermined number of returnees. Affected populations in Mutarule require access to education, livelihoods support, and live-saving health services, including medicines and medical equipment, the UN reports.

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## **FOOD INSECURITY AND LIVELIHOODS**

- WFP continues to deliver emergency food assistance to food-insecure populations, pre-position food stocks, and bolster logistics infrastructure and transport networks in conflict-affected areas of eastern DRC. In preparation for the onset of the rainy season in November, WFP is procuring and pre-positioning regional food commodities, as well as transporting food stocks from USAID/FFP pre-positioning warehouses, to ensure continued access to food assistance. In addition, WFP is rehabilitating approximately 125 miles of road infrastructure to facilitate the movement of food and other relief commodities and improve humanitarian access to affected populations. During FY 2015, USAID/FFP provided more than \$46 million to WFP’s emergency food operations in eastern DRC to assist vulnerable and conflict-affected populations. USAID/FFP also provided an additional \$2 million to WFP to support road rehabilitation and other infrastructure repairs in Katanga, Maniema, North Kivu, Orientale, and South Kivu provinces.
- USAID/FFP recently provided more than \$1.2 million to support the WFP-led Food Security Cluster—the coordinating body for humanitarian food security activities, comprising UN agencies, NGOs, and other stakeholders—

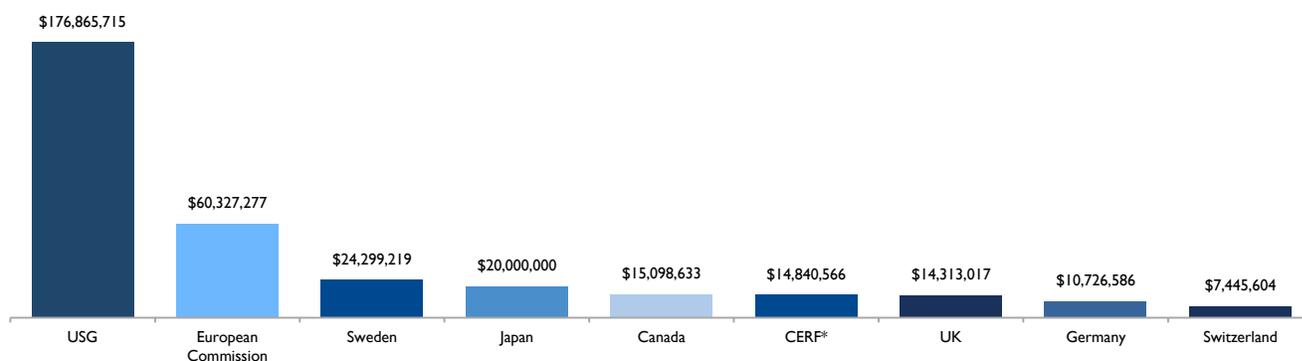
in DRC. The Food Security Cluster is working to strengthen relief operations and bolster coordination among food security partners, other sector-specific clusters, international donors, and the UNICEF-led RRMP mechanism.

- USAID/OFDA and USAID/FFP recently provided nearly \$13 million in coordinated programming to bolster livelihoods and support economic recovery activities for conflict-affected populations in eastern DRC. Three USAID partners—Agency for Technical Cooperation and Development (ACTED), Catholic Relief Services (CRS), and Samaritan’s Purse—are distributing seeds and tools to improve agricultural productivity for at least 18,000 people, delivering emergency food assistance, and supporting affected populations with relief commodities, including blankets, hygiene kits, kitchen sets, and plastic sheeting. Partners are also providing food vouchers to at least 60,000 individuals, enabling affected populations to obtain adequate food supplies and bolstering local markets.

## HEALTH AND WASH

- As of September 27, health workers had recorded more than 28,400 measles cases and more than 400 related deaths in Katanga since the onset of a measles outbreak in early 2015, the UN reports. Relief agencies are engaging with local health authorities to support the response effort, including pre-positioning medicine and medical supplies. The current outbreak represents the province’s worst measles epidemic since 2010–2011, when the disease killed approximately 1,080 people and infected at least 77,000 people.
- On August 19, the UN-managed Common Humanitarian Fund—which finances under-funded, priority humanitarian interventions—allocated \$2.4 million to support emergency health services in Katanga to counter the ongoing measles outbreak. Between May and September, Médecins Sans Frontières treated approximately 20,000 measles patients and vaccinated more than 300,000 children against the disease.
- As of September 23, health care workers in Maniema Province had recorded more than 2,080 cholera cases—including more than 1,060 cases since August 26—and 77 related deaths, according to the UN. The Government of DRC (GoDRC) Ministry of Health declared a cholera epidemic for the province on September 23. Government authorities, the UN, and relief organizations are deploying mobile health teams and establishing cholera treatment centers and oral rehydration points in response to the outbreak.
- During FY 2015, USAID/OFDA provided more than \$12 million to support emergency health services and more than \$7 million to support WASH interventions in eastern DRC.

## 2015 TOTAL HUMANITARIAN FUNDING\* PER DONOR



\*Funding figures are as of September 30, 2015. All international figures are according to OCHA’s Financial Tracking Service and based on international commitments during the current calendar year, while USG figures are according to the USG and reflect the most recent USG commitments based on the fiscal year, which began on October 1, 2014 for FY 2015.

\*\*Central Emergency Response Fund (CERF)—a pooled humanitarian fund established and managed by the UN to support underfunded emergencies.

## CONTEXT

- Despite the implementation of a peace agreement in 2003, fighting between forces loyal to the GoDRC and various armed entities, including the ADF, Mai-Mai militants, and the FDLR, 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 3, 2014, U.S. Ambassador James C. Swan reissued a disaster declaration for the complex emergency in DRC for FY 2015.

### USAID AND STATE HUMANITARIAN ASSISTANCE TO DRC PROVIDED IN FY 2015<sup>1</sup>

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
<b>USAID/OFDA<sup>2</sup></b>			
ACTED	Agriculture and Food Security, Logistics Support and Relief Commodities	Katanga, Maniema, North Kivu, South Kivu	\$998,401
Concern	Logistics Support and Relief Commodities, Shelter and Settlements	North Kivu	\$1,163,677
CRS	Economic Recovery and Market Systems (ERMS), Logistics Support and Relief Commodities, Shelter and Settlements	Katanga, North Kivu, South Kivu	\$2,700,633
Handicap International/U.S. (HI)	Logistics Support and Relief Commodities	North Kivu	\$1,724,483
International Medical Corps (IMC)	Health	North Kivu	\$3,500,000
International NGO Safety Organization (INSO)	Humanitarian Coordination and Information Management	North Kivu, South Kivu	\$500,789
International Organization for Migration (IOM)	Humanitarian Coordination and Information Management, Shelter and Settlements	Eastern DRC	\$3,000,500
IRC	Health, Protection	North Kivu, South Kivu	\$1,548,238
Medair	Health, WASH	North Kivu, Orientale	\$3,500,000
Mercy Corps	WASH	North Kivu	\$1,600,000
OCHA	Humanitarian Coordination and Information Management	Katanga, Maniema, North Kivu, South Kivu	\$2,000,000
Oxfam/Great Britain (Oxfam/GB)	WASH	Eastern DRC	\$4,000,000
Première Urgence	Agriculture and Food Security, Logistics Support and Relief Commodities	Katanga, North Kivu	\$2,000,000
Save the Children/U.S. (SC/US)	Health	North Kivu	\$1,880,883
Samaritan's Purse	Agriculture and Food Security, Logistics Support and Relief Commodities	North Kivu, Orientale	\$2,435,036
UN Humanitarian Air Service (UNHAS)	Logistics Support and Relief Commodities	Countrywide	\$6,000,000
UNICEF	Health, Logistics Support and Relief Commodities, Protection, WASH	Countrywide	\$7,320,431

WHH	Agriculture and Food Security	North Kivu	\$987,800
World Relief International	Agriculture and Food Security, Logistics Support and Relief Commodities	North Kivu	\$1,039,603
	Program Support		\$1,299,252
<b>TOTAL USAID/OFDA ASSISTANCE</b>			<b>\$49,199,726</b>
<b>USAID/FFP<sup>3</sup></b>			
ACTED	Food Vouchers for Emergency Food Assistance	Katanga, Maniema, North Kivu, South Kivu	\$2,396,802
CRS	Food Vouchers and Local Procurement for Emergency Food Assistance	Maniema, North Kivu, South Kivu and Katanga	\$2,499,367
Samaritan's Purse	Food Vouchers and Local and Regional Procurement for Emergency Food Assistance	Orientale, North Kivu	\$2,306,630
UNICEF	710 MT of Title II-Funded Ready-to-Use Therapeutic Food and Programming Costs	Kasai Occidental, Kasai Oriental, Katanga, South Kivu	\$4,977,190
WFP	18,710 MT of Title II-Funded Emergency Food Assistance, Nutrition, Food-for-Work, Food-for-Training, and Emergency School Feeding	Equateur, Katanga, Maniema, North Kivu, Orientale, South Kivu	\$33,936,000
	Local and Regional Procurement of Emergency Food Assistance	Equateur, Katanga, Maniema, North Kivu, Orientale, South Kivu	\$12,750,000
	Strengthening Food Security Cluster Coordination	Katanga, Maniema, North Kivu, Orientale, South Kivu	\$1,250,000
	Emergency Road Infrastructure Repairs in Support of WFP Operations	Katanga, Maniema, North Kivu, Orientale, South Kivu	\$2,000,000
<b>TOTAL USAID/FFP ASSISTANCE</b>			<b>\$62,115,989</b>
<b>STATE/PRM</b>			
ACTED	WASH Support to Central African Republic (CAR) Refugees	Equateur and Orientale	\$1,000,000
International Committee of the Red Cross (ICRC)	Protection and Assistance for Refugees and Other Vulnerable Populations	Countrywide	\$17,300,000
IOM	Repatriation of Angolan Refugees from DRC to Angola	Bas-Congo	\$250,000
Première Urgence	Income Generation and Livelihoods Support to CAR Refugees	Equateur and Orientale	\$1,000,000
UNHAS	Logistics Support and Relief Commodities	Countrywide	\$600,000
UNHCR	Global Appeal for Refugees and IDPs in DRC	Countrywide	\$42,800,000
	Registration and Repatriation Sensitization for Rwandan Refugees	Eastern DRC	\$1,000,000
	Supplementary Appeal in Response to Burundi Regional Crisis	Eastern DRC	\$1,600,000
<b>TOTAL STATE/PRM ASSISTANCE</b>			<b>\$65,550,000</b>
<b>TOTAL USAID AND STATE HUMANITARIAN ASSISTANCE TO DRC IN FY 2015</b>			<b>\$176,865,715</b>

<sup>1</sup> Year of funding indicates the date of commitment or obligation, not appropriation, of funds.

<sup>2</sup> USAID/OFDA funding represents anticipated or actual obligated amounts as of September 30, 2015.

<sup>3</sup> Estimated value of food assistance.

## **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 is available 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>