

DEMOCRATIC REPUBLIC OF THE CONGO - COMPLEX EMERGENCY

FACT SHEET #6, FISCAL YEAR (FY) 2018

SEPTEMBER 30, 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

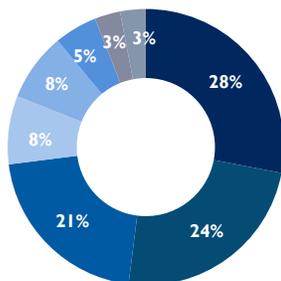
811,591

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

536,271

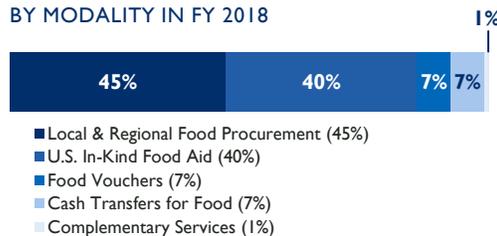
Refugees in DRC
UNHCR – August 2018

USAID/OFDA¹ FUNDING BY SECTOR IN FY 2018



- Health (28%)
- Water, Sanitation & Hygiene (24%)
- Shelter & Settlements (21%)
- Logistics Support & Relief Commodities (8%)
- Agriculture & Food Security (8%)
- Protection (5%)
- Humanitarian Coordination & Information Management (3%)
- Other (3%)

USAID/FFP² FUNDING BY MODALITY IN FY 2018



KEY DEVELOPMENTS

- In mid-August, provincial authorities in Democratic Republic of the Congo (DRC) closed three displacement sites in Tanganyika Province's Kalemie town, forcing internally displaced persons (IDPs) to seek shelter in nearby areas. Humanitarian organizations are working with government authorities to delay the closure of additional sites and respond to emergency needs of forcibly displaced populations and remaining IDPs.
- In FY 2018, the USG contributed more than \$327 million to support humanitarian interventions in DRC. The funding includes more than \$70 million from USAID/OFDA to conduct humanitarian coordination, health, nutrition, protection, shelter, and water, sanitation, and hygiene (WASH) activities; nearly \$189 million in USAID/FFP funding to respond to emergency food and nutrition needs; and more than \$68.5 million in State/PRM support to provide multi-sector emergency assistance to IDPs and other vulnerable populations in DRC.

HIGHLIGHTS

- Authorities close IDP sites in Kalemie
- Insecurity leads to acute food insecurity and malnutrition in conflict-affected areas of DRC
- GoDRC MoH records nearly 160 confirmed and probable EVD cases in Ituri and North Kivu

HUMANITARIAN FUNDING FOR THE DRC RESPONSE IN FY 2018

USAID/OFDA	\$70,104,009
USAID/FFP	\$188,820,600
State/PRM ³	\$68,550,000
\$327,474,609⁴	

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)

⁴ This total does not include the \$35,897,282 in FY 2018 U.S. Government (USG) funding for Congolese refugees in neighboring countries, which increases total USG emergency funding for the DRC crisis in FY 2018 to \$363,897,891.

INSECURITY AND POPULATION DISPLACEMENT

- Insecurity in eastern DRC continues to prompt population displacement and interrupt the delivery of humanitarian assistance. Since September 15, intensified clashes and reprisal attacks between government forces and armed groups in South Kivu Province's Fizi Territory have displaced approximately 40,000 people from Kilembwe and Kimbi-Lulenge health zones into rural areas, the UN reports. The violence also prompted relief agencies to suspend humanitarian operations in Kilembwe in mid-September, impeding access to life-saving interventions for an estimated 85,000 vulnerable people, according to the UN.
 - In early September, Allied Democratic Forces (ADF) elements attacked UN Organization Stabilization Mission in DRC (MONUSCO) personnel in North Kivu Province's Ngadi locality, Beni Territory, injuring two peacekeepers. Subsequent September 23 clashes and reprisal attacks between ADF and Armed Forces of DRC elements in North Kivu's Beni town resulted in at least 14 civilian deaths, international media report. While ADF forces have not directed any attacks at humanitarian staff to date, the incident underscores the risk relief agencies face when delivering assistance in North Kivu, particularly as aid worker presence in the area increases in response to ongoing health needs in the province.
 - Provincial authorities—accompanied by armed police—began evicting IDPs sheltering in and around Kalemie on August 19, and subsequently banned the provision of humanitarian assistance to displaced populations in the town. As of late August, Government of DRC (GoDRC) authorities had closed three of the 13 displacement sites in and around Kalemie, with plans to close the remaining sites by August 30. However, authorities have agreed to coordinate with humanitarian agencies to conduct the remaining closures—which are now expected to continue through December—allowing relief organizations to resume responding to the acute needs of displaced populations.
 - Following the closure of three displacement sites in Kalemie, approximately 4,450 IDPs were temporarily sheltering in Mulange and Mwaka localities near the town, relief actors report. Emergency needs among the IDPs in Mulange and Mwaka include food assistance, relief commodities, WASH support, and protection services. The recently relocated populations, as well as remaining IDPs in Kalemie, are unwilling to return to areas of origin due to ongoing violence, humanitarian agencies report.
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HEALTH

- Intermittent conflict in DRC has exacerbated the impact of health epidemics, including outbreaks of cholera and Ebola Virus Disease (EVD). Between January and August, health agencies recorded more than 17,800 suspected cholera cases across the country, with the majority of cases identified in Kasai-Oriental, Sankuru, South Kivu, and Tanganyika provinces, according to the UN. Relief organizations are establishing cholera treatment centers, disseminating cholera prevention messaging via public radio and other media outlets, and providing WASH assistance to affected populations.
- On August 1, the GoDRC declared an EVD outbreak in North Kivu. As of September 30, the GoDRC Ministry of Health (MoH) had recorded nearly 160 confirmed and probable EVD cases, including more than 100 EVD-related deaths, in Ituri and North Kivu provinces. Reported EVD cases originated from nine health zones, including Ituri's Kalunguta, Mandima, and Tchomia health zones and North Kivu's Beni, Butembo, Mabalako, Masareka, Musienene, and Oicha health zones. The majority of cases originated in Mabalako, where health officials recorded 90 confirmed and probable EVD cases. However, ongoing EVD transmission in Beni, where more than 1.3 million people currently reside, remains a significant concern.
- USAID deployed a Disaster Assistance Response Team (DART) and activated a Washington, D.C.-based Response Management Team to lead a coordinated USG response to the Ebola outbreak in support of the GoDRC, UN World Health Organization (WHO), and other partners working to provide rapid, localized outbreak control. The DART integrates USAID disaster experts and U.S. Centers for Disease Control and Prevention (CDC) public health experts and will focus on addressing gaps in the ongoing response to the EVD outbreak in DRC.
- The UN Children's Fund (UNICEF), WHO, and other relief agencies are supporting community mobilization and sensitization activities to communicate the importance of people with symptoms seeking early treatment and reduce misunderstanding related to EVD. Health organizations are broadcasting sensitization programs on local radio stations

and engaging with local and religious leaders to initiate community mobilization activities. UNICEF and WHO are also supporting door-to-door sensitization to raise awareness about EVD transmission, with WHO having reached 26,400 people in Beni, Mabalako, and Oicha as of mid-September. Since the beginning of the outbreak, UNICEF has also collaborated with community, youth, and religious leaders to reach more than 3.3 million people with advocacy messages on EVD prevention.

- To prevent the spread of EVD, health teams continue to vaccinate primary and secondary contacts, as well as front line health care workers, in EVD-affected areas. As of September 30, health teams had administered EVD vaccinations to nearly 12,900 people—including approximately 4,900 frontline workers and 8,000 primary and secondary contacts—in affected areas.
- In FY 2018, USAID/OFDA provided more than \$19 million to NGO partners to conduct life-saving health interventions for displaced, conflict-affected, and other vulnerable populations to meet humanitarian needs generated from the complex emergency in DRC. With USAID/OFDA support, relief organizations are providing case management services for populations with infectious diseases, bolstering community health systems, pre-positioning medical supplies, and conducting social mobilization efforts related to disease prevention and treatment.

FOOD SECURITY AND NUTRITION

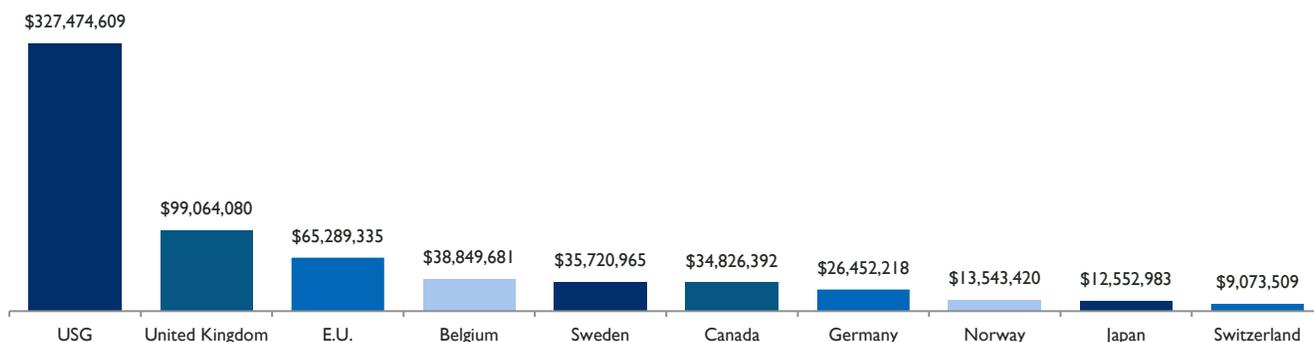
- The Famine Early Warning Systems Network (FEWS NET) projects that Crisis—IPC 3—levels of acute food insecurity will persist in Kasai, Kasai-Central, Kasai-Oriental, Tanganyika and parts of Ituri provinces between October 2018 and January 2019.⁵ Many populations in other areas of southeastern DRC, as well as some areas in Ituri, North Kivu, and South Kivu, will experience Stressed—IPC 2—levels of acute food insecurity during the same period, as families deplete food stocks and turn to coping strategies—such as decreasing the number of meals per day or buying less expensive food—to meet their food needs.
- USAID/FFP partner the UN World Food Program (WFP) continues to respond to food needs across DRC. In August, the UN agency assisted approximately 921,000 people through USAID/FFP and other donor support, distributing more than 6,600 metric tons (MT) of food commodities and disbursing approximately \$2.6 million in cash-based transfers for food. WFP also recently launched an EVD-related food assistance program in North Kivu, where staff distributed food commodities to patients, caregivers, and other individuals directly affected by the outbreak. Overall in FY 2018, USAID/FFP provided more than \$135 million—including recent contributions totaling approximately \$88 million—to support WFP's life-saving activities in DRC. This new support enables WFP to distribute cash transfers and more than 37,000 MT of specialized nutrition products and food commodities purchased in Congolese, regional, and U.S. markets to assist up to 978,000 vulnerable people in across DRC.
- Elevated levels of acute malnutrition persist across DRC. According to WFP, more than 4.6 million children are acutely malnourished, including 2.2 million experiencing severe acute malnutrition (SAM)—representing 12 percent of the global SAM caseload. From January–August, USAID partner UNICEF and implementing organizations admitted nearly 97,400 children ages 6-59 months, including approximately 5,800 children with medical complications, for SAM treatment. UNICEF reports that more than 90 percent of admitted children have recovered. In FY 2018, USAID/FFP contributed approximately \$12 million to UNICEF to provide 1,600 MT of nutrition supplies to 138,000 children experiencing SAM. UNICEF's USAID-funded efforts to combat SAM are coordinated with WFP efforts to address moderate acute malnutrition, strengthening the effectiveness of the overall approach.
- USAID/FFP recently contributed approximately \$14 million to NGO partners Action Against Hunger (AAH), CARE, Catholic Relief Services (CRS), and Humanity and Inclusion (HI) to assist vulnerable populations in the greater Kasai region—comprising Kasai, Kasai-Central, Kasai-Oriental, Lomami, and Sankuru provinces. The NGOs are distributing food vouchers or in-kind food commodities sourced from Congolese markets to food-insecure and conflict-affected IDPs, returnees, and host community members in Lomami, Kasai, Kasai-Central, and Kasai-Oriental. In addition, the

⁵ 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.

organizations are delivering seeds and agricultural tools to help returning farmers kick-start crop production and promote recovery. Overall, these activities target approximately 366,000 people with FY 2018 resources.

- USAID/FFP and USAID/OFDA are jointly supporting NGOs ACTED, CRS, International Medical Corps (IMC), and Samaritan’s Purse to rapidly respond to urgent needs in Bas-Uélé, Haut-Uélé, Ituri, North Kivu, South Kivu, Tanganyika, and Tshopo provinces. With nearly \$13.8 million in USAID/FFP support, the partners are distributing locally and regionally procured in-kind food assistance, cash transfers for food, food vouchers, and specialized nutrition assistance, to an estimated 367,000 vulnerable people. USAID/OFDA’s nearly \$12.5 million in FY 2018 funding supplements food security and nutrition interventions with support for health, shelter, and WASH activities. In addition, USAID/FFP and USAID/OFDA contributed \$3.5 million and \$3 million, respectively, to Mercy Corps to provide emergency food vouchers and WASH assistance to an estimated 220,000 crisis-affected people in eastern DRC.
- Recurrent violence in Central African Republic (CAR) has prompted approximately 40,200 Central African refugees to seek shelter in northern DRC’s Bas-Uélé, according to the UN. In response, NGO Samaritan’s Purse is providing emergency in-kind food assistance to 60,000 people, including Central African refugees, Congolese returnees, and host community members in Bas-Uélé with nearly \$7.6 million in USAID/FFP FY 2018 support. The NGO will also provide seeds, tools, and trainings to participants who have access to agricultural land, increasing crop production and helping families strengthen their livelihoods. Earlier in FY 2018, USAID/FFP provided approximately \$2.5 million to ACTED to distribute locally procured food assistance to vulnerable Central African refugees and host community members in the province.

2018 TOTAL HUMANITARIAN FUNDING* PER DONOR



*Funding figures are as of September 30, 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 2018, while USG figures are according to the USG and reflect commitments during FY 2018, which began on October 1, 2017.

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 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 2018¹

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
USAID/OFDA²			
ACTED	Shelter and Settlements, WASH	South Kivu	\$1,769,232
CARE	Health, Protection	North Kivu	\$1,200,000
Concern	Shelter and Settlements, WASH	Haut-Lomami, Tanganyika	\$3,101,980
CRS	Shelter and Settlements, WASH	Tanganyika	\$3,922,896
IMC	Health	South Kivu, Tanganyika	\$3,720,000
International NGO Safety Organization (INSO)	Humanitarian Coordination and Information Management	Ituri, North Kivu, South Kivu, Tanganyika	\$746,323
IMA World Health	Agriculture and Food Security, Health, WASH	Kasai, Kasai-Central, Kasai-Oriental; Countrywide	\$5,865,221
International Organization for Migration (IOM)	Humanitarian Coordination and Information Management, Shelter and Settlements	Ituri, North Kivu, Tanganyika	\$1,100,000
International Rescue Committee (IRC)	Economic Recovery and Market Systems, Health, Protection	North Kivu, Tanganyika	\$3,592,582
Medair	Health	Ituri, North Kivu	\$3,383,793
Mercy Corps	WASH	Ituri, North Kivu, South Kivu, Tanganyika	\$3,000,000
Norwegian Refugee Council (NRC)	Protection, Shelter and Settlements, WASH	Ituri, North Kivu, South Kivu, Tanganyika	\$4,000,000
OCHA	Humanitarian Coordination and Information Management	Countrywide	\$1,000,000
Oxfam	WASH	Haut-Katanga, Haut-Lomami, Ituri, North Kivu, South Kivu, Tanganyika	\$3,000,000
Save the Children/U.S. (SC/US)	Health, Nutrition	Kasai-Oriental, Lomami, North Kivu	\$4,478,348
Samaritan's Purse	Agriculture and Food Security, Shelter and Settlements, WASH	Bas-Uele, Haut-Uele, Ituri, North Kivu, Tshopo	\$3,045,110
Tearfund	Agriculture and Food Security, WASH	North Kivu; Eastern DRC	\$3,633,539
UNICEF	Protection, Shelter and Settlements, WASH	Countrywide	\$8,000,000
UN Humanitarian Air Service (UNHAS)	Logistics Support and Relief Commodities	Countrywide	\$5,500,000
WRI	Agriculture and Food Security, Shelter and Settlements, WASH	Ituri	\$3,496,235
Welthungerhilfe (WHH)	Agriculture and Food Security	North Kivu	\$622,657
	USAID/OFDA Airlifted Relief Commodities	Countrywide	\$93,394
	Program Support		\$1,832,699
TOTAL USAID/OFDA FUNDING			\$70,104,009
USAID/FFP³			
ACTED	406 MT of Local and Regional Food Procurement	Bas-Uele	\$2,528,400
	808 MT of Local and Regional Food Procurement, Complementary Services	South Kivu	\$3,955,219
AAH	742 MT of Local and Regional Food Procurement, Complementary Services	Kasai, Kasai-Central	\$2,690,601
CARE	Food Vouchers, Complementary Services	Lomami	\$3,837,486

CRS	305 MT of Local and Regional Food Procurement, Food Vouchers	Tanganyika	\$3,961,205
	271 MT of Local and Regional Food Procurement, Food Vouchers, Complementary Services	Kasai-Central, Kasai-Oriental, Lomami	\$4,484,258
HI	1,026 MT of Local and Regional Food Procurement	Kasai-Central	\$3,000,000
IMC	51 MT of Local and Regional Food Procurement	South Kivu, Tanganyika	\$1,250,000
Mercy Corps	Food Vouchers	Ituri, North Kivu, South Kivu, Tanganyika	\$3,500,000
Samaritan's Purse	769 MT of Local and Regional Food Procurement, Cash Transfers for Food, Food Vouchers	Bas-Uele, Haut-Uele, Ituri, North Kivu, Tshopo	\$4,599,971
	3,016 MT of Local and Regional Food Procurement, Complementary Services	Bas-Uele	\$7,578,662
UNICEF	1,600 MT of U.S. In-Kind Food Aid, and Local and Regional Food Procurement	Lomami, Kasai, Kasai-Central, Kasai-Oriental, South Kivu, Tanganyika	\$12,043,505
WFP	Cash Transfers for Food, 62,881 MT of U.S. In-Kind Food Aid and Local and Regional Food Procurement	Haut Katanga, Haut-Uele, Ituri, Kasai, Kasai-Central, Kasai-Oriental, Maniema, North Kivu, Nord-Ubangi, Sud-Ubangi, South Kivu, Tanganyika	\$135,391,293
TOTAL USAID/FFP FUNDING			\$188,820,600
STATE/PRM⁴			
ICRC	Protection and Assistance for IDPs and Conflict Victims	Countrywide	\$17,800,000
UNHCR	Global Appeal for Refugees and IDPs in DRC, Multi-Sector Assistance, Protection	Countrywide	\$49,800,000
UNHAS	Logistics Support and Relief Commodities	Countrywide	\$950,000
TOTAL USAID/PRM FUNDING			\$68,550,000
TOTAL USG HUMANITARIAN FUNDING FOR THE DRC RESPONSE IN FY 2018⁵			\$327,474,609

¹ Year of funding indicates the date of commitment or obligation, not appropriation, of funds.

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

³ Estimated value of food assistance and transportation costs at time of procurement; subject to change. USAID/FFP funding presented here does not include contributions that assist Congolese refugees sheltering in neighboring countries.

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

⁵ This total does not include the \$35,897,282 in FY 2018 USG funding for Congolese refugees in neighboring countries, which increases total USG emergency funding for the DRC crisis in FY 2018 to \$363,371,891.

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 +1.202.661.7710.
 - 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>