

DEMOCRATIC REPUBLIC OF THE CONGO - COMPLEX EMERGENCY

FACT SHEET #4, FISCAL YEAR (FY) 2016

SEPTEMBER 30, 2016

NUMBERS AT A GLANCE

7.5 million

People in DRC Requiring Humanitarian Assistance

UN – January 2016

1.7 million

IDPs in DRC
UN – June 2016

5.9 million

Acutely Food-Insecure People in DRC
Food Security Cluster – July 2016

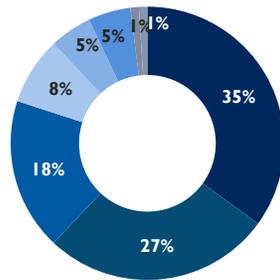
525,978

DRC Refugees in Africa
UNHCR – August 2016

402,905

Refugees from Neighboring Countries in DRC
UNHCR – August 2016

USAID/OFDA¹ FUNDING BY SECTOR IN FY 2016



- Logistics Support & Relief Commodities (35%)
- Health (27%)
- Water, Sanitation & Hygiene (18%)
- Agriculture and Food Security (8%)
- Humanitarian Coordination & Information Management (5%)
- Shelter & Settlements (5%)
- Protection (1%)
- Economic Recovery & Market Systems (1%)

USAID/FFP² FUNDING BY MODALITY IN FY 2016



- U.S. In-Kind Food Aid (47%)
- Local & Regional Food Procurement (46%)
- Food Vouchers (5%)
- Cash Transfers for Food (2%)

HIGHLIGHTS

- Mid-September protests, clashes with security forces erupt in Kinshasa and other areas of DRC
- Response actors implement health interventions to mitigate yellow fever, cholera transmission

HUMANITARIAN FUNDING FOR THE DRC RESPONSE IN FY 2016

USAID/OFDA	\$41,136,877
USAID/FFP	\$62,487,642
State/PRM ³	\$59,310,000
\$162,934,519	

KEY DEVELOPMENTS

- In recent months, insecurity and attacks by armed actors in eastern Democratic Republic of the Congo (DRC), particularly in North Kivu Province, have resulted in dozens of civilian deaths, the temporary abduction of humanitarian personnel, significant population displacement, and reduced humanitarian access, according to the UN.
- The UN World Health Organization (WHO) recently declared that the yellow fever outbreak in DRC—which began in early 2016—is under control, as health workers countrywide have not recorded a new case since mid-July. The Government of DRC (GoDRC) and health workers have vaccinated more than 10.7 million people against the disease since January.
- USAID/OFDA, USAID/FFP, and State/PRM committed an additional \$27.7 million for the DRC response since early August, addressing the food, health, and other basic needs of conflict-affected people. This brings the total U.S. Government (USG) humanitarian contribution in FY 2016 to \$162.9 million.

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

Current Situation

- Recent anti-government protests and clashes with security forces in DRC, particularly in the capital city of Kinshasa, had resulted in at least 50 deaths and dozens of injuries as of September 27, the UN reports; however, GoDRC estimates indicate that the violence resulted in 32 deaths. Insecurity and demonstrations also occurred in North Kivu's Goma town and South Kivu Province's Bukavu town. The protests have called for GoDRC President Joseph Kabila to step down when his second term ends in December, international media report. The GoDRC constitution precludes President Kabila from running for a third term, but administrative and political issues have postponed planned presidential elections. International organizations—including the African Union, E.U., and the UN—are urging GoDRC and opposition representatives to exercise maximum restraint, refrain from violence, uphold human rights, and engage in an inclusive dialogue to facilitate peaceful and credible elections and avert a crisis.
- Despite some subsequent limitation of USAID partner staff movements, the political unrest in the affected areas had not impeded humanitarian response operations as of late September. USAID/OFDA staff, along with implementing partners and other response stakeholders, is monitoring the security situation in DRC and any related impacts on humanitarian conditions, assets, or service delivery.
- Ongoing insecurity and attacks by armed groups in July and August resulted in population displacement, restricted humanitarian access, and hindered the delivery of life-saving assistance in areas of eastern DRC. Clashes between armed groups and attacks against civilians account for approximately 94 percent of population displacement in eastern areas of DRC, where approximately 1.7 million people are currently displaced, the UN reports. North Kivu hosts approximately 678,000 internally displaced persons (IDPs), or nearly 40 percent of the total IDP population in eastern DRC; the vast majority of IDPs in North Kivu are sheltering in Beni, Lubero, and Masisi territories, the UN reports.
- In South Kivu, more than 60 percent of the province's approximately 375,000 IDPs are located in Kalehe and Shabunda territories. Although this represents a decrease of approximately 30 percent compared to IDP figures reported in South Kivu between January and March, the UN reports that the security situation in the province is volatile and new population movements remain likely.

North Kivu Province

- An estimated 66,000 people fled areas of North Kivu's Rutshuru Territory from July 7–23 following a deterioration of security conditions due to violence between armed groups. Relief agencies are preparing to assist up to 50,000 IDPs in neighboring Lubero Territory, as the July clashes in Rutshuru and early September violence in Lubero continue to cause new population movements and humanitarian needs, the UN reports. Relief organizations note that insecurity, limited resources, and multiple displacements have constrained humanitarian access to assess and support affected people.
- On August 16, armed individuals attacked vehicles operated by non-governmental organization (NGO) Caritas in North Kivu's Masisi Territory, temporarily abducting three local humanitarian workers, international media report.
- Suspected members of the armed group Allied Democratic Forces (ADF) attacked Beni's Rwangoma town in mid-August, killing at least 60 civilians, the UN reports. UN Secretary-General Ban Ki-moon condemned the suspected ADF attack, expressing condolence for populations affected by the violence and urging authorities to bring the perpetrators to justice. Media reports indicate additional suspected ADF attacks on civilian and military targets in other areas of Beni from September 17–21. Attacks by armed actors in Beni have resulted in more than 700 civilian deaths since October 2014, according to the UN.
- Despite security-related impediments, USAID partners continue to provide life-saving assistance to conflict-affected populations in DRC. For instance, USAID/OFDA provided nearly \$3 million in FY 2016 to Medair, which is delivering emergency health services to reduce morbidity and mortality in North Kivu and neighboring Ituri Province. Samaritan's Purse, through a joint program funded by USAID/OFDA and USAID/FFP, is distributing emergency food and other relief commodities to conflict-affected populations in several eastern DRC provinces.
- On September 1, the International Organization for Migration (IOM)—in coordination with the Camp Coordination and Camp Management (CCCM) working group—closed North Kivu's Bweremana and Mugunga I IDP sites,

consolidating them with the province's Mugunga III site, the UN reports. The closures are part of a multi-year CCCM strategy developed in consultation with IDP communities, local authorities, and relief agencies to consolidate some IDP settlements in North Kivu. Additional closures and consolidations are planned for the coming weeks, including sites coordinated by IOM and the Office of the UN High Commissioner for Refugees (UNHCR). The UN estimates that the CCCM effort will affect a total of 20,000 IDPs. USAID/OFDA provided approximately \$2.3 million to IOM in FY 2016, addressing critical IDP response needs in eastern DRC, including camp management, humanitarian coordination, protection activities, and shelter support.

- In FY 2016, State/PRM has provided \$39.7 million to UNHCR operations countrywide, supporting protection and multi-sector assistance, including prevention and response for gender-based violence.

Tanganyika Province⁴

- Between August 28 and September 5, at least 5,300 people fled northwestern villages in Tanganyika Province's Nyunzu Territory following intercommunal tensions that resulted in the burning of more than 150 houses and three primary schools, according to the UN. The newly displaced persons are currently sheltering in Nyunzu town and surrounding areas. The UN has expressed that the violence and displacement are of particular concern, as the northern part of Nyunzu had not previously experienced intercommunal conflict in 2016.
- Humanitarian assessments indicate that food, health, shelter, and water, sanitation, and hygiene (WASH) assistance are priority needs among populations affected by the recent fighting in Nyunzu Territory, according to the UN. Between September 18 and 26, the UN World Food Program (WFP) and NGO World Vision distributed emergency food supplies—including beans, flour, and oil—to approximately 30,000 new IDPs and host community members; additional food distributions are planned.
- With funding from the USAID/OFDA-supported Rapid Response Mechanism for Population Movements (RRMP), which is managed by the UN Children's Fund (UNICEF), the International Rescue Committee (IRC) has provided emergency health care support to nearly 4,800 IDPs and recent returnees in the Nyunzu area in recent months, according to the UN. In FY 2016, USAID/OFDA provided nearly \$5.4 million to UNICEF to support the RRMP, which enables rapid needs assessments and delivery of assistance—including relief commodities, health care services, and WASH support—across eastern DRC.

Bas-Uélé, Haut-Uélé, Ituri, and Tshopo Provinces⁵

- An August 26–28 RRMP assessment mission found that more than 5,640 IDPs have fled to areas of Mambasa Territory in Ituri since mid-August. The UN reported that an additional 2,950 people were displaced from North Kivu to Mambasa following suspected ADF attacks. Priority needs included basic relief items, food, health care, and safe drinking water. Since 2014, more than 60,000 people have fled attacks in Beni and nearby areas of North Kivu to Ituri.
- As of September 26, insecurity in Haut-Uélé Province's Doruma area—which borders South Sudan—had reduced humanitarian access and affected the delivery of aid to refugee populations, according to the UN. Suspected Lord's Resistance Army (LRA) elements attacked a refugee settlement near Doruma, looted a health center, and attacked relief workers in recent weeks, forcing several relief actors to suspend activities in affected areas and limiting access.
- More than 50,000 South Sudanese refugees were sheltering in Ituri's Aru Territory and Haut-Uélé's Dungu and Faradje territories as of September 27. USAID/WFP partner WFP and other humanitarian agencies have distributed emergency food supplies to more than 26,000 refugees in the territories, and a relief organization is providing health assistance.

FOOD SECURITY AND LOGISTICS SUPPORT AND RELIEF COMMODITIES

- Approximately 5.9 million people in DRC were acutely food-insecure as of July, requiring emergency assistance and improved access to markets and agricultural support, according to the WFP-led Food Security Cluster, the coordinating

⁴ Located in the area formerly known as Katanga Province. In August 2015, the GoDRC began implementing a decentralization plan that redraws district and province borders, resulting in province name changes and an increase in the total number of provinces from 11 to 26.

⁵ Located in the area formerly known as Orientale Province.

body for humanitarian food security activities comprising UN agencies, NGOs, and other stakeholders. The cluster notes that this figure, which is based on IPC analysis of 94 percent of DRC's 145 territories, includes populations facing Crisis—IPC 3—and Emergency—IPC 4—levels of food insecurity.⁶ Key triggers of acute food insecurity in DRC include protracted insecurity, violent attacks, frequent internal population displacement, and refugee inflows from neighboring countries, all of which limit access to food and livelihood opportunities. In FY 2016, USAID/FFP provided \$650,000 to WFP in support of the cluster.

- In recent weeks, USAID/FFP also committed approximately \$4.6 million in in-kind food assistance and \$2.4 million in locally and regionally purchased food to support WFP emergency operations in eastern DRC. The additional funding will support general food distributions, prevention and treatment of acute malnutrition, and recovery activities, including food-for-work projects. In total, USAID/FFP provided \$49.6 million, or 31,320 metric tons (MT), of in-kind food assistance and locally and regionally purchased food to address the needs of vulnerable communities in DRC.
- In FY 2016, USAID/OFDA and USAID/FFP jointly contributed approximately \$13.1 million—more than \$5.6 million and \$7.5 million, respectively—to support the Agency for Technical Cooperation and Development (ACTED), Catholic Relief Services (CRS), and Samaritan's Purse and address the immediate needs of conflict-affected people across eastern DRC. Through the three NGOs, USAID/OFDA is supporting agriculture and food security, livelihoods, logistics support, shelter, and other emergency relief assistance, and USAID/FFP is providing cash transfers, food vouchers, and locally purchased food.
- USAID/OFDA partner Welthungerhilfe (WHH) is working in conflict-affected areas of Beni Territory, particularly along the northern axis from Beni town to Eringeti town. While this area saw significant attacks in 2015, it has been mostly stable since May 2015 and has therefore seen IDP returns in recent months, as well as new IDP arrivals from conflict-affected areas near Beni town. WHH reports that periodic displacement has adversely affected food security in the targeted area given the depletion of seed stocks and selling of agricultural tools, hampering the population's ability to farm. With nearly \$830,000 in support from USAID/OFDA, WHH is supporting conflict-affected households with agricultural supplies, vegetable seeds, and relevant training.
- Insecurity, deteriorated road conditions, and limited resources hampered emergency relief deliveries by WFP and other logistics actors in August, WFP reports. USAID/OFDA committed more than \$14.1 million in FY 2016 to provide logistics support and relief commodities for the humanitarian response in DRC, including \$5 million to support UN Humanitarian Air Service (UNHAS) operations and additional funding to UNICEF and seven NGO partners. State/PRM also provided \$600,000 in FY 2016 funding to support UNHAS operations in DRC.

HEALTH AND WASH

- Health actors have not recorded any new cases of yellow fever in DRC since mid-July; authorities declared an outbreak of the disease in late June after identifying more than 1,000 suspected cases, according to WHO. DRC health actors recorded nearly 2,710 suspected yellow fever cases countrywide between January and mid-September, the UN agency reports. The majority of cases were reported in western DRC's provinces of Kinshasa, Kongo Central, and Kwango.
- In mid-September, WHO stated that the outbreak was under control and attributed the declining caseload to an intensive vaccination campaign in recent months. With technical guidance and supplies from WHO, a GoDRC Ministry of Health-led campaign immunized a total of 10.7 million people countrywide between January and early September, including 7.7 million people in the capital city of Kinshasa and 3 million people in areas along the Angola–DRC border. The effort represents the largest emergency vaccination campaign against yellow fever in Africa to date, WHO reports. The USG—including USAID and the U.S. Centers for Disease Control and Prevention (CDC)—is supporting vaccination efforts in DRC through the provision of materials and technical support for the campaign.
- Health actors in DRC also recorded more than 18,250 suspected cholera cases, including more than 500 deaths, from January to early September, according to WHO. Health workers have reported cases countrywide, with particularly high numbers of cases in Equateur, Haut-Katanga, Haut-Lomami, Kinshasa, Mai-Ndombe, Mongala, North Kivu, and

⁶ 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.

South Kivu provinces. WHO has deployed nearly 40 medical experts to support awareness and advocacy activities across the affected areas and continues to provide cholera kits for distribution to affected populations.

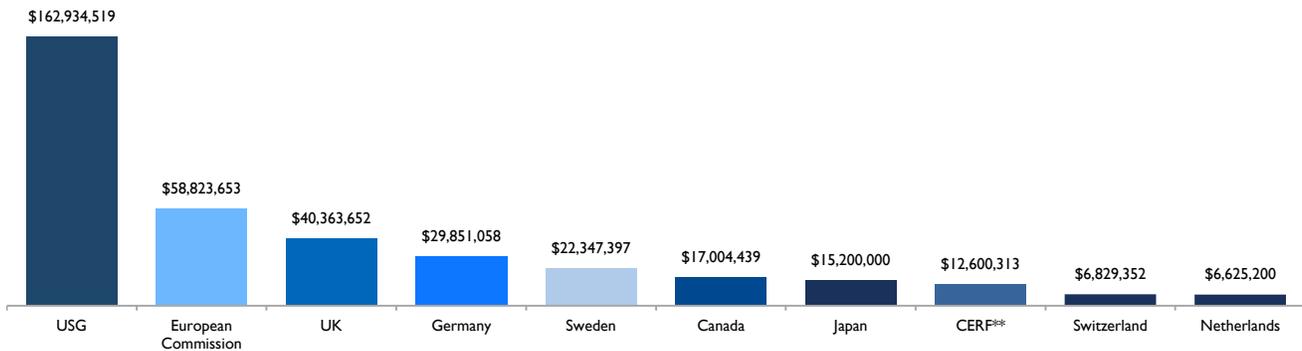
- Despite ongoing challenges in Masisi, including intercommunal clashes and violence against aid workers, USAID/OFDA partner Save the Children/U.S. (SC/US) is providing emergency health assistance to conflict-affected populations, as possible. SC/US is training community health workers in epidemiological surveillance, rehabilitating health care facilities, and supporting mobile health clinics. Between April and June, the SC/US-supported Masisi mobile clinic treated more than 2,200 people in the Katala IDP camp. During the same period, SC/US established 10 youth- and women-led peer educator groups to improve community health education.
- With nearly \$3.5 million in USAID/OFDA FY 2016 funding, Oxfam/Great Britain (Oxfam/GB) is supporting emergency WASH interventions for an estimated 190,000 people across eastern DRC, reducing morbidity and mortality among conflict-affected populations.
- In FY 2016, USAID/OFDA committed approximately \$10.8 million to support emergency health interventions and more than \$7.3 million to address the critical WASH needs of conflict-affected and other vulnerable people in DRC.

OTHER HUMANITARIAN ASSISTANCE

- In FY 2016, USAID/FFP contributed \$4.7 million to UNICEF for 560 MT of ready-to-use therapeutic food and the quarterly monitoring and training of health workers to ensure proper handling of the in-kind nutrition commodities.
- In mid-August, the Central Emergency Response Fund (CERF)—a pooled humanitarian fund established and managed by the UN to support sudden-onset and underfunded emergencies—allocated approximately \$11 million to support approximately 138,000 IDPs in North Kivu and an estimated 20,000 Sudanese refugees and host community members in Haut-Uélé. With CERF funding, relief organizations plan to provide life-saving food, health care services, logistics support, nutrition and protection assistance, and WASH interventions in each province.

2016 TOTAL HUMANITARIAN FUNDING*

PER DONOR



*Funding figures are as of September 30, 2016. All international figures are according to UN Office for the Coordination of Humanitarian Affairs (OCHA). Financial Tracking Service and based on international commitments during the current year, while USG figures are according to the USG and reflect the most recent USG FY 2016 commitments.

**Central Emergency Response Fund (CERF)—a pooled humanitarian fund established and managed by the UN to support sudden-onset and 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 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 1, 2015, U.S. Ambassador James C. Swan reissued a disaster declaration for the complex emergency in DRC for FY 2016.

USG HUMANITARIAN FUNDING FOR THE DRC RESPONSE IN FY 2016¹

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
USAID/OFDA²			
ACTED	Logistics Support and Relief Commodities	South Kivu	\$1,021,552
CRS	Economic Recovery and Market Systems (ERMS), Logistics Support and Relief Commodities, Shelter and Settlements	Haut-Katanga, Haut-Lomami, Lomami, Lualaba, Tanganyika	\$2,200,310
Concern	Agriculture and Food Security, Logistics Support and Relief Commodities, Shelter and Settlements	Eastern DRC	\$1,192,946
Handicap International	Logistics Support and Relief Commodities	North Kivu	\$1,242,628
International Medical Corps (IMC)	Health	North Kivu	\$3,700,000
International NGO Safety Organization (INSO)	Humanitarian Coordination and Information Management	North Kivu, South Kivu	\$550,000
IOM	Humanitarian Coordination and Information Management, Protection, Shelter and Settlements	Eastern DRC	\$2,300,000
IRC	Health	North Kivu, South Kivu	\$1,582,602
Medair	Health	Ituri, North Kivu	\$2,958,574
Mercy Corps	WASH	North Kivu	\$1,700,000
OCHA	Humanitarian Coordination and Information Management	Eastern DRC	\$1,000,000
Oxfam/GB	WASH	Eastern DRC	\$3,450,000
Première Urgence	Agriculture and Food Security, Logistics Support and Relief Commodities	North Kivu, Tanganyika	\$1,100,000
Samaritan's Purse	Agriculture and Food Security, Logistics Support and Relief Commodities	Bas-Uélé, Haut-Uélé, Ituri, North Kivu, Tshopo	\$2,400,000
SC/US	Health	North Kivu	\$1,548,710
UNHAS	Logistics Support and Relief Commodities	Eastern DRC	\$5,000,000
UNICEF	Health, Logistics Support and Relief Commodities, WASH	Eastern DRC	\$5,390,000
WHH	Agriculture and Food Security	North Kivu	\$829,753
World Relief International (WRI)	Agriculture and Food Security, Logistics Support and Relief Commodities	North Kivu	\$1,046,107

	Program Support		\$923,695
TOTAL USAID/OFDA FUNDING			\$41,136,877
USAID/FFP³			
ACTED	Food Vouchers, Local and Regional Food Procurement	South Kivu	\$2,058,804
CRS	Food Vouchers, Local and Regional Food Procurement	Haut-Katanga, Haut-Lomami, Lualaba, Tanganyika	\$2,280,141
Samaritan's Purse	Cash Transfers for Food, Food Vouchers, Local and Regional Food Procurement	Bas-Uélé, Haut-Uélé, Ituri, North Kivu, Tshopo	\$3,149,997
UNICEF	560 MT of Ready-to-Use Therapeutic Food	Haut-Lomami, Kasai-Central, Kasai-Oriental, Lomami, South Kivu, Tanganyika	\$4,743,000
WFP	13,265 MT of In-Kind Emergency Food Assistance	Eastern DRC	\$24,505,700
	18,055 MT of Local and Regional Procurement of Emergency Food Assistance	Eastern DRC	\$25,100,000
	Special Operation Supporting the Food Security Cluster	Countrywide	\$650,000
TOTAL USAID/FFP FUNDING			\$62,487,642
STATE/PRM			
ACTED	Livelihoods, WASH	Nord-Ubangi, Sud-Ubangi	\$1,700,000
Première Urgence	Livelihoods, Peacebuilding, and GBV response	Sud-Ubangi	\$1,810,000
ICRC	Protection and Assistance for IDPs and Conflict Victims	Countrywide	\$15,500,000
UNHAS	Logistics Support and Relief Commodities	Countrywide	\$600,000
UNHCR	Supplementary Appeal in Response to Burundi Regional Crisis	Countrywide	\$1,700,000
	Supplementary Appeal in Response to South Sudan Situation	Countrywide	\$1,700,000
	Global Appeal for Refugees and IDPs in DRC	Countrywide	\$36,300,000
TOTAL STATE/PRM FUNDING			\$59,310,000
TOTAL USG HUMANITARIAN FUNDING FOR THE DRC RESPONSE IN FY 2016			\$162,934,519

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 as of September 30, 2016.

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

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>