

DEMOCRATIC REPUBLIC OF THE CONGO - COMPLEX EMERGENCY

FACT SHEET #3, FISCAL YEAR (FY) 2016

AUGUST 2, 2016

NUMBERS AT A GLANCE

**7.5
million**

People Requiring
Humanitarian Assistance
in DRC

UN – January 2016

**1.8
million**

IDPs in DRC
UN – May 2016

**4.5
million**

Acutely Food-Insecure
People in DRC
Food Security Cluster –
November 2015

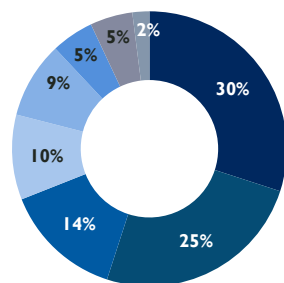
442,000

DRC Refugees in Africa
UNHCR – July 2016

384,900

Refugees from
Neighboring Countries in
DRC
UNHCR – July 2016

USAID/OFDA¹ FUNDING BY SECTOR IN FY 2016



■ Logistics Support & Relief Commodities (30%)
■ Health (25%)
■ Water, Sanitation & Hygiene (14%)
■ Agriculture and Food Security (10%)
■ Humanitarian Coordination & Information Management (9%)
■ Protection (5%)
■ Shelter & Settlements (5%)
■ Economic Recovery & Market Systems (2%)

USAID/FFP² FUNDING BY MODALITY IN FY 2016



■ U.S. In-Kind Food Aid (47%)
■ Local & Regional Food Procurement (53%)

HIGHLIGHTS

- Insecurity in North Kivu displaces 70,000 people and limits access
- Nearly 1,800 suspected cases of yellow fever recorded in three provinces
- USG provides more than \$64 million in additional humanitarian assistance from late April to July

HUMANITARIAN FUNDING FOR THE DRC RESPONSE IN FY 2016

USAID/OFDA	\$39,185,980
USAID/FFP	\$42,663,000
State/PRM ³	\$53,400,000
\$135,248,980	

KEY DEVELOPMENTS

- Violence in North Kivu Province's Rutshuru Territory in June and July displaced an estimated 70,000 people, according to the UN. Insecurity also forced some relief organizations to temporarily suspend activities in areas of the province.
- The Government of the Democratic Republic of the Congo (GoDRC) declared a yellow fever outbreak in three provinces on June 20. Health actors had recorded nearly 1,800 suspected cases, including more than 300 deaths, as of July 26, according to the UN. The GoDRC Ministry of Health (MoH) plans to vaccinate approximately 11.6 million people in affected areas in the coming months.
- Since late April, the U.S. Government (USG) has provided more than \$64 million in additional humanitarian assistance—comprising approximately \$38 million from USAID/OFDA and nearly \$26 million from State/PRM—for the Democratic Republic of the Congo (DRC) response, bringing total USG FY 2016 humanitarian assistance for DRC to more than \$135 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

- Intercommunal violence and fighting between armed groups in eastern DRC from late April through July resulted in population displacement and increased humanitarian needs for new internally displaced persons (IDPs) and host communities. Insecurity also hindered relief efforts and forced some organizations to suspend activities, particularly in areas of North Kivu. In North Kivu's Rutshuru, three humanitarian organizations temporarily suspended operations in early May due to the abduction of relief workers, temporarily depriving more than 26,000 IDPs of assistance, the UN reported. Additional clashes in Rutshuru in June and July disrupted relief activities in affected areas.
- From January to May, insecurity resulted in the death of four relief workers and the abduction of at least 14 relief workers. Abductions increased by 75 percent compared with the same period in 2015, the European Commission's Directorate-General for Humanitarian Aid and Civil Protection (ECHO) reports. Following clashes in North Kivu's Masisi Territory during the week of July 10, a USAID/OFDA partner evacuated staff due to security concerns.

North Kivu Province

- Clashes continued between the Armed Forces of DRC (FARDC) and armed groups in North Kivu from late April to July, generating population displacement and restricting humanitarian access to populations in need. The UN reported approximately 678,000 IDPs in North Kivu as of the end of June. Insecurity has prompted some humanitarian organizations to temporarily suspend operations in parts of North Kivu, resulting in unmet humanitarian needs.
- Clashes between armed groups in Rutshuru Territory's Kikuku area since July 8 have forced an estimated 50,000 people to flee to neighboring Mweso and Nyanzale towns, the UN reported. Humanitarian organizations continue to monitor the situation, although insecurity had prevented assessments and verification of displaced populations as of late July. The UN reports that the July violence follows conflict in Rutshuru's Bukombo town during June, which displaced an additional 20,000 people.
- Suspected members of the armed group Allied Democratic Forces (ADF) attacked a village north of North Kivu's Beni Territory on July 5; the attacks resulted in at least nine civilian deaths, international media report. The incident is the most recent in a series of ADF-related attacks in Beni, where violence has resulted in more than 500 civilian deaths since October 2014, according to the GoDRC.
- Despite insecurity-related access challenges, USAID/OFDA and USAID/FFP partner Samaritan's Purse is responding to humanitarian needs among conflict-affected populations in Beni, including in Oicha town. As of July 14, the non-governmental organization (NGO) had provided emergency food assistance and agricultural items—including seeds and farming tools—to approximately 2,000 vulnerable IDPs and host community households in Oicha. In addition, Samaritan's Purse is providing food vouchers and other livelihoods interventions to more than 4,200 affected households in nearby Mayimoya and Tenambo areas, as well as Ituri Province's Irumu and Komanda towns.
- USAID/OFDA recently provided \$2.3 million in FY 2016 funding to the International Organization for Migration (IOM) to support humanitarian coordination and information management, as well as protection and shelter activities in eastern DRC. In North Kivu, IOM is delivering emergency shelter kits to nearly 80,000 people sheltering in more than 25 IDP sites across the province. Since FY 2013, USAID/OFDA has provided IOM with more than \$12 million to support the humanitarian needs of vulnerable populations in eastern DRC.

Tanganyika Province⁴

- Fighting between FARDC and armed groups resulted in the displacement of an estimated 6,000 people along Tanganyika Province's Nyunzu–Kiambi axis on July 12, the UN reports. The clashes also resulted in the destruction of private property and public infrastructure—including health centers—and forced several humanitarian actors to suspend activities in affected areas. Relief activities remained suspended in the area as of July 21, according to the UN.

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.

- With funding from the USAID/OFDA-supported Rapid Response to Population Movement (RRMP)—a UN Children’s Fund (UNICEF)-managed mechanism that enables humanitarian organizations to quickly assess and respond to needs among displaced households—the International Rescue Committee (IRC) is providing emergency relief commodities and health care services to more than 3,000 returnees in Tanganyika’s Manono Territory. The affected households, previously displaced by conflict in the territory, returned to areas of origin between January and March due to improved security in the area, the UN reports.
- USAID/OFDA is supporting the RRMP with \$5 million in FY 2016 funding, enabling humanitarian agencies to assist displaced individuals through the distribution of relief commodities, provision of health care assistance, and water, sanitation, and hygiene (WASH) interventions.

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

- Clashes in Ituri Province’s Mambasa Territory and North Kivu’s Eringeti town in June resulted in the displacement of 10,000 people to Tshopo Province, according to the UN.
- Suspected Lord’s Resistance Army (LRA) elements abducted 50 civilians, including nurses involved in a meningitis vaccination campaign, on June 4 in Bas-Uélé’s Bondo town, according to the UN. Insecurity in the province continues to result in increased humanitarian needs and limited humanitarian access, the UN reports.
- On May 14, suspected members of the ADF attacked Ituri’s Katabey town; the attack resulted in the deaths of at least four people, abduction of two people, and damage to infrastructure, including the destruction of a health care facility supported by a USAID/OFDA partner, according to the UN. The facility is unlikely to resume services in the near future, according to the partner organization.
- The Office of the UN High Commissioner for Refugees (UNHCR) protection monitoring project recorded 4,770 protection incidents in Bas-Uélé, Haute-Uélé, and Ituri provinces in June, including 750 cases of gender-based violence (GBV). The June incidents represent a nearly 10 percent increase from the 4,345 incidents recorded in May. In FY 2016, State/PRM has provided \$37.3 million to UNHCR’s countrywide operations supporting protection and multi-sector assistance, including GBV prevention and response.

FOOD SECURITY, LIVELIHOODS, AND RELIEF COMMODITIES

- June and July maize harvests in northern and central DRC were favorable, with farmers collecting average crop yields due to sufficient rainfall, according to the UN Food and Agriculture Organization (FAO). However, heavy rains in 10 out of 26 provinces from late 2015 to early 2016 generated widespread flooding that affected more than 770,000 people, damaged crop land, and destroyed food stocks. The flooding exacerbated existing needs caused by conflict, displacement, and limited livelihood opportunities. The Food Security Cluster—the coordinating body for humanitarian food security activities, comprising UN agencies, NGOs, and other stakeholders—reported that nearly 4.5 million people were experiencing Crisis or Emergency—IPC 3 or 4—levels of food insecurity as of March 2016, particularly in Ituri’s Irumu Territory; Maniema Province’s Punia Territory; North Kivu’s Beni and Walikale territories; South Kivu Province’s Shabunda Territory; and Tanganyika’s Manono and Nyunzu territories.⁶
- Deteriorating road conditions due to heavy rains in June have hindered the ability of USAID/FFP partner the UN World Food Program (WFP) and other relief organizations to deliver critical humanitarian assistance. North Kivu’s Beni, Masisi, Lubero, and Walikale territories, South Kivu’s Bunyakiri, Kigulube, Miti, and Nzibira territories, and areas in Haut-Katanga and Haut-Lomami provinces were the most severely affected.
- WFP continues to prioritize food assistance for newly displaced families and returnees in eastern DRC and delivered emergency food assistance to more than 860,000 people from January–June. In particular, WFP and Lutheran World Federation provided emergency food assistance to 29,000 IDPs in North Kivu’s Beni and Masisi territories in June,

⁵ Located in the area formerly known as Orientale Province.

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.

despite insecurity and humanitarian access constraints. WFP and Caritas also assisted 34,000 vulnerable people by distributing 558 metric tons (MT) of food assistance in North Kivu's Mapti town.

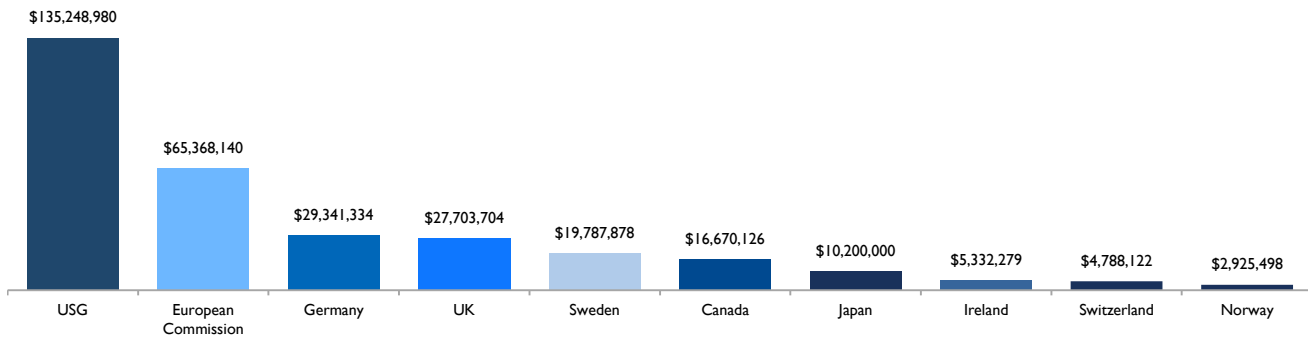
- With more than \$42 million in FY 2016 support from USAID/FFP, WFP is providing food assistance to more than 1.5 million people in eastern DRC in 2016.

HEALTH AND WASH

- On June 20, the GoDRC declared a yellow fever outbreak in Kinshasa, Kongo Central, and Kwango provinces. Health actors had recorded nearly 1,800 suspected yellow fever cases, including more than 300 reported deaths, as of July 26, according to the UN. Health authorities have traced nearly 90 percent of the confirmed cases to the ongoing yellow fever outbreak in neighboring Angola.
- The GoDRC MoH launched a campaign to vaccinate approximately 11.6 million people against yellow fever on July 20, the UN reports. The campaign is initially targeting 1 million people in Kinshasa and Kwango. Relief actors will likely expand the campaign, targeting other affected areas of DRC in the coming weeks. UNICEF is providing approximately 1 million yellow fever vaccine doses to the GoDRC, as well as technical assistance—including case management, surveillance, vector control, and vaccination support—to GoDRC health authorities in Kinshasa and Kongo Central. The UN World Health Organization is also engaging with local organizations to bolster response activities in high-risk areas to prevent further spread of the disease.
- Between May 9 and June 21, Médecins Sans Frontières (MSF) treated more than 40,000 people, including at least 1,600 children, for malaria and associated health complications in Haut-Uélé's Boma-Mangbetu and Pawa areas. The NGO reports that a significant increase in malaria cases is depleting medical supplies at local health care facilities in the two areas. MSF is establishing additional treatment centers to improve health care access and coordinating with local health care personnel to improve referral systems and increase community awareness of malaria risks and symptoms.
- Health workers recorded more than 13,000 cholera cases, including more than 300 deaths, in DRC from January to July, according to UNICEF. This caseload represents 95 percent of the total number of cholera cases across West and Central Africa during 2016. The number of cases is especially high in Tanganyika, where 600 new cases and 5 deaths were reported from June 20–July 17, according to the UN.
- USAID/OFDA partner Medair is supporting health clinics in conflict-affected communities in North Kivu and Ituri with nearly \$3 million in FY 2016 funding. Medair delivers health care services to vulnerable populations, trains local staff, and provides antenatal care and transport to local clinics for pregnant women with health complications to ensure safe deliveries.
- With \$1.5 million in USAID/OFDA funding, IRC is responding to critical health needs in North Kivu and South Kivu. IRC assessments have identified North Kivu's Alimbongo, Oicha, and Walikale territories and South Kivu's Bunyakiri and Kalonge territories as priority areas for humanitarian support. IRC is also establishing mobile clinics in areas where insecurity and geographic isolation limit access to health care services. The NGO is providing additional health care interventions—distributing medical and pharmaceutical supplies, training health care staff, and rehabilitating existing health facilities.

2016 TOTAL HUMANITARIAN FUNDING*

PER DONOR



*Funding figures are as of August 2, 2016. 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 the current year, while USG figures are according to the USG and reflect the most recent USG FY 2016 commitments.

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/OFDA ²			
Catholic Relief Services (CRS)	Economic Recovery and Market Systems (ERMS), Logistics Support and Relief Commodities, Shelter and Settlements	Haut-Katanga, Haut-Lomami, 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/Great Britain (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	\$2,400,000
Save the Children/U.S. (SC/US)	Health	North Kivu	\$1,548,710
UN Humanitarian Air Service (UNHAS)	Logistics Support and Relief Commodities	Eastern DRC	\$5,000,000
UNICEF	Health, Logistics Support and Relief Commodities, WASH	Eastern DRC	\$5,000,000
Welthungerhilfe (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		\$384,350
TOTAL USAID/OFDA FUNDING			\$39,185,980
USAID/FFP³			
WFP	10,510 MT of In-Kind Emergency Food Assistance	Eastern DRC	\$19,913,000
	16,292 MT of Local and Regional Procurement of Emergency Food Assistance	Eastern DRC	\$22,750,000
TOTAL USAID/FFP FUNDING			\$42,663,000
STATE/PRM			
International Committee of the Red Cross (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	\$1,000,000
	Global Appeal for Refugees and IDPs in DRC	Countrywide	\$36,300,000
TOTAL STATE/PRM FUNDING			\$53,400,000
TOTAL USG HUMANITARIAN FUNDING FOR THE DRC RESPONSE IN FY 2016			\$135,248,980

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 August 2, 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>