

DEMOCRATIC REPUBLIC OF THE CONGO - COMPLEX EMERGENCY

FACT SHEET #5, FISCAL YEAR (FY) 2018

AUGUST 14, 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

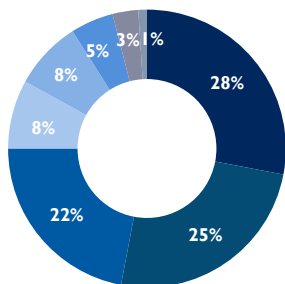
781,924

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

535,730

Refugees in DRC
UNHCR – June 2018

USAID/OFDA¹ FUNDING BY SECTOR IN FY 2018



- Health (28%)
- Water, Sanitation & Hygiene (25%)
- Shelter & Settlements (22%)
- Logistics Support & Relief Commodities (8%)
- Agriculture & Food Security (8%)
- Protection (5%)
- Humanitarian Coordination & Information Management (3%)
- Other (1%)

USAID/FFP² FUNDING BY MODALITY IN FY 2018



- U.S. In-Kind Food Aid (91%)
- Cash Transfers for Food (5%)
- Local & Regional Food Procurement (4%)

HIGHLIGHTS

- Humanitarian needs continue despite reports of IDP returns to areas of origin in Ituri
- Acute food insecurity persists in conflict-affected areas of DRC
- Relief organizations respond to new Ebola outbreak in North Kivu

HUMANITARIAN FUNDING FOR THE DRC RESPONSE IN FY 2018

| | |
|------------------------|----------------------------------|
| USAID/OFDA | \$69,550,001 |
| USAID/FFP | \$60,531,064 |
| State/PRM ³ | \$13,650,000 |
| Total | \$143,731,065⁴ |

KEY DEVELOPMENTS

- Attacks against civilians, clashes between armed actors, and protracted population displacement continue to disrupt livelihoods and result in acute food insecurity across much of central and eastern Democratic Republic of the Congo (DRC). Despite obstacles, USG partners and other relief organizations are delivering life-saving emergency assistance to conflict-affected populations, while supporting internally displaced persons (IDPs) to return voluntarily to areas of origin when security conditions permit.
- On August 1, the Government of DRC (GoDRC) declared an outbreak of Ebola virus disease (EVD) in conflict-affected North Kivu Province. As of August 12, the GoDRC had reported 52 confirmed or probable EVD cases, including 39 related deaths, in Ituri and North Kivu provinces, and relief organizations were mobilizing resources to respond to the outbreak. The latest EVD outbreak in DRC—the tenth recorded to date—is separate from the most recent outbreak in Equateur Province, which resulted in 54 confirmed or probable EVD cases from April to June.

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 \$20,182,560 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 \$163,913,625.

INSECURITY AND POPULATION DISPLACEMENT

- The humanitarian situation in South Kivu Province, particularly in Uvira Territory, has deteriorated significantly in recent months, according to the UN. Intercommunal violence, primarily related to conflict over land and water resources, has displaced more than 76,000 people in the province since April; the fighting has also resulted in livestock losses and destruction of crops. The clashes have damaged or destroyed houses and civilian infrastructure, while restricting access to agricultural fields, the UN reports. Critical emergency needs among affected populations—many of whom are residing in remote areas of South Kivu—include food assistance, health care services, shelter, and emergency water, sanitation, and hygiene (WASH) interventions.
- On July 9, the UN released an operational plan for Ituri and North Kivu that outlines priority humanitarian needs and key response sectors from April to September. Overall, the UN identified an estimated 1.2 million people in need of life-saving humanitarian assistance, with the operational plan focusing assistance on the 743,000 most vulnerable people in Ituri and North Kivu. As of March, an estimated 2.1 million IDPs were sheltering in the provinces, including nearly 1.4 million IDPs in North Kivu and more than 700,000 IDPs in Ituri, according to the UN. Renewed intercommunal violence in Ituri resulted in an estimated 343,000 new IDPs from January–March, while intensified clashes generated more than 137,000 new IDPs in North Kivu between December 2017 and February 2018. The UN operational plan is linked to the 2018 Humanitarian Response Plan for DRC and does not represent a new funding appeal; the UN plans to release additional province-specific operational plans in the coming months.
- In early July, representatives from the Office of the UN High Commissioner for Refugees (UNHCR), supported by State/PRM, traveled to an area of Ituri—where an estimated 150,000 IDPs had returned to areas of origin—to observe the humanitarian situation and emergency response activities. UNHCR reported that returnees lacked access to shelter and basic services due to widespread damage and destruction associated with intercommunal violence in the province since late 2017. In addition, some IDPs faced poor health and WASH conditions at displacement sites in Ituri, with populations reporting inadequate access to safe drinking water, health facilities, or sanitation, according to UNHCR.
- In response to acute needs associated with widespread population displacement in Ituri, USG partners are providing emergency assistance for IDPs and other vulnerable populations in the province. With funding from State/PRM, UNHCR is supporting social cohesion activities to reduce communal tensions, while delivering emergency shelter materials and cash assistance to vulnerable populations.
- With nearly \$3.5 million in FY 2018 funding, USAID/OFDA partner World Relief International (WRI) is providing emergency shelter materials, WASH commodities, and agricultural inputs, including seeds and tools, to support up to 134,600 conflict-affected people in Ituri's Djugu Territory. Additionally, the Rapid Response to Population Movement (RRMP) mechanism—supported by USAID/OFDA and managed by the UN Children's Fund (UNICEF)—assisted non-governmental organization (NGO) Solidarités International to deliver emergency relief commodities to nearly 11,700 vulnerable households in Ituri's Bule and Drodoro towns in mid-June, the UN reports. From June 2017 to May 2018, relief organizations delivered emergency assistance, including relief commodities, protection activities, and WASH interventions, to more than 217,000 people in Ituri via the RRMP. In FY 2018, USAID/OFDA provided \$8 million to UNICEF to support the RRMP to deliver multi-sector humanitarian assistance across DRC.

HEALTH

- The GoDRC declared an EVD outbreak in North Kivu on August 1, following laboratory tests that confirmed presence of the disease. As of August 12, authorities and relief actors had reported 25 confirmed and 27 probable cases of EVD, including 39 related deaths, in North Kivu's Beni, Butembo, Mabalako, Musienene, and Oicha health zones, as well as neighboring Ituri's Mandima Health Zone. The GoDRC and relief organizations are mobilizing resources and supporting EVD case management, contact tracing, and disease surveillance in affected areas. The latest outbreak is separate from the recent EVD outbreak in Equateur, which is located approximately 1,500 miles from affected areas of Ituri and North Kivu. The GoDRC declared the official end of the EVD outbreak in Equateur on July 24, following a 42-day period of heightened surveillance after the most recent confirmed EVD case in the province tested negative for

the disease and departed an EVD treatment unit on June 12. The GoDRC recorded 38 confirmed and 16 probable EVD cases, including 33 related deaths, in Equateur from April–June.

- Relief organizations have expressed concern regarding the latest EVD outbreak in Ituri and North Kivu, given recurrent attacks by armed groups and other security incidents that regularly displace populations and restrict humanitarian operations in the provinces. For example, attacks by armed groups in North Kivu’s Beni Territory have resulted in an estimated 1,000 civilian deaths since 2014, according to international media. In addition, many EVD-affected areas in Ituri and North Kivu are located along key transportation routes, with relief organizations reporting risk of EVD transmission to nearby areas of DRC and neighboring countries, such as Rwanda and Uganda.
- In FY 2018, USAID/OFDA provided more than \$19 million to six NGO partners to deliver life-saving health interventions for conflict-affected and vulnerable populations across DRC, including in Ituri and North Kivu. USAID/OFDA-funded health activities include bolstering community health systems, pre-positioning medical supplies, case management of infectious diseases, and social mobilization efforts related to disease prevention and treatment, such as public service announcements.

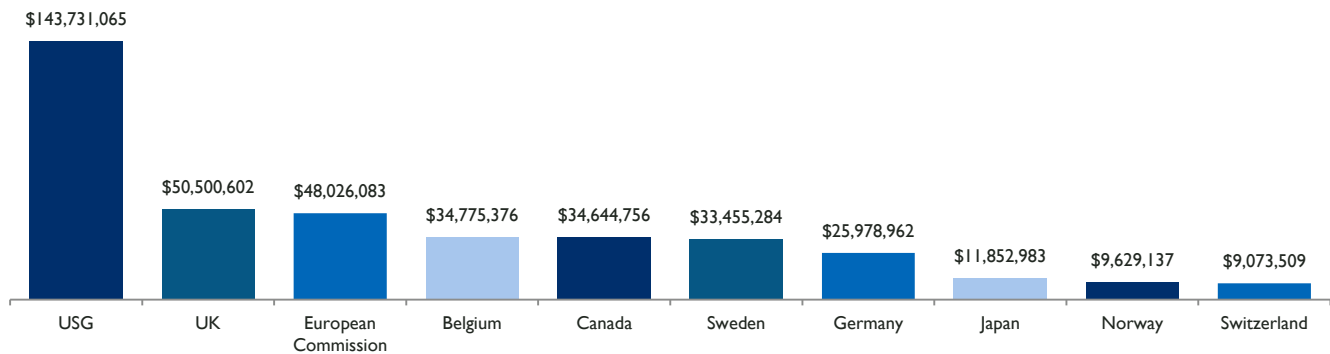
FOOD SECURITY AND NUTRITION

- Conflict continued to disrupt livelihoods and exacerbate food insecurity among displaced, returnee, and host community households across central, northeastern, and southeastern DRC in recent months, according to the Famine Early Warning Systems Network (FEWS NET). In addition, the ongoing harvest for the March-to-June planting season will likely produce below-average yields due to protracted population displacement, irregular rainfall, and crop pest infestations. Overall, FEWS NET estimates that Crisis—IPC 3—or worse levels of acute food insecurity will persist in Kasai, Kasai-Central, Kasai-Oriental, and Tanganyika provinces, as well as parts of Ituri, through at least January 2019.⁵
- Food insecurity worsened in previously stable areas of DRC between January and May, with displaced populations straining host community resources, according to USAID/FFP partner the UN World Food Program (WFP). The UN agency recently recorded poor food consumption scores—the lowest level of a three-tier classification system based on the frequency, diversity, and nutritional value of consumed foods—in Kongo-Central, Kwango, Lualaba, and Sankuru provinces. In Lualaba’s Mutshatsha Territory, for example, 62 percent of households faced poor food consumption scores, while 54 percent of households in Sankuru’s Lubefu Territory exhibited poor food consumption scores, according to WFP.
- In June, a Standardized Monitoring and Assessment of Relief and Transitions (SMART) nutrition survey in Lomami Province’s Kamiji Territory recorded global acute malnutrition (GAM) prevalence of 16.2 percent, including a severe acute malnutrition (SAM) level of 2.7 percent. The reported GAM levels in Kamiji exceed the UN World Health Organization emergency threshold of 15 percent for GAM. In June, USAID/FFP contributed \$10.8 million to UNICEF to support prevention and treatment of SAM across 36 health zones in DRC, including six health zones in Lomami.
- WFP reported in June that more than 70 percent of households in Ituri faced moderate or severe levels of acute food insecurity, including more than 1 million people in need of urgent food assistance. Severe acute food insecurity levels in Djugu, for example, increased from approximately 2 percent of households in 2015 to an estimated 28 percent of households in 2018, according to the UN and the GoDRC Ministry of Agriculture. In addition, FEWS NET reports that IDPs and returnees in Ituri will likely face significant food deficits in the coming months due to disrupted livelihoods and limited access to agricultural fields during the previous two farming seasons; many populations in urgent need of food assistance previously depended on subsistence farming as their primary food source.
- In response to severe food insecurity in Ituri, USAID/FFP partner WFP distributed nearly 23 metric tons (MT) of emergency food assistance to approximately 22,500 IDPs in Djugu in mid-July. USAID/FFP also supported Samaritan’s Purse to provide emergency food assistance to 11,000 conflict-affected households in Djugu’s Lindji village during July.

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.

- From May 30 to June 1, USAID partner the Agency for Technical Cooperation and Development (ACTED) evaluated critical food needs in South Kivu’s Fizi Territory. Overall, ACTED found that more than 60 percent of assessed households in the territory had insufficient access to food, including an estimated 12 percent of households with a poor food consumption score. Restricted access to food disproportionately affects displaced populations in Fizi, as approximately 21 percent of IDPs have poor food consumption scores, according to ACTED. In response to ongoing food consumption gaps in Fizi, USAID/FFP partner WFP distributed emergency food assistance to approximately 1,100 IDPs in the territory on July 18. ACTED is also supporting emergency shelter and WASH interventions for vulnerable populations across South Kivu with nearly \$1.8 million in FY 2018 funding from USAID/OFDA.
- In July, USAID/FFP partner WFP distributed 28 MT of nutrition commodities to support prevention and treatment of acute malnutrition among more than 21,400 children ages 6–23 months and 10,300 pregnant and lactating women in Tanganyika’s Kalemie, Nyemba, and Nyunzu health zones. WFP also distributed more than 580 MT of emergency food assistance to an estimated 51,200 IDPs sheltering in displacement sites near Kalemie town during July. Despite insecurity and clashes between armed groups and GoDRC forces in North Kivu, WFP continues to provide emergency assistance to displaced and vulnerable populations in the province. From late July to early August, WFP distributed more than 100 MT of emergency food assistance to more than 12,000 conflict-affected people in Beni.
- Recurrent violence in southern areas of Central African Republic (CAR) has prompted approximately 40,000 Central African refugees to seek shelter in remote areas of northern DRC’s Bas-Uélé Province, according to the UN. Many of the Central African refugees have fled an escalation in fighting since May 2017 in parts of CAR. In response, USAID/FFP contributed \$2.5 million to ACTED to support distribution of locally procured food assistance to vulnerable refugees and host community members in the province.

2018 TOTAL HUMANITARIAN FUNDING*
PER DONOR



*Funding figures are as of August 14, 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 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 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/OFDA ² | | | |
| 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 |
| Catholic Relief Services (CRS) | Shelter and Settlements, WASH | Tanganyika | \$3,922,896 |
| International Medical Corps (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 | Kasaï, 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 | | \$1,278,691 |
| TOTAL USAID/OFDA FUNDING | | | \$69,550,001 |
| USAID/FFP³ | | | |
| ACTED | 406 MT of Local and Regional Food Procurement | Bas-Uele | \$2,528,400 |
| UNICEF | 1,300 MT of U.S. In-Kind Food Aid, Other | Lomami, Kasai-Central, Kasai-Oriental, South Kivu, Tanganyika | \$10,783,793 |
| WFP | Cash Transfers for Food | Nord-Ubangi, Sud-Ubangi | \$3,000,000 |
| | 25,615 MT of U.S. In-Kind Food Aid, Local and Regional Food Procurement | Eastern DRC | \$44,218,871 |
| TOTAL USAID/FFP FUNDING | | | \$60,531,064 |
| STATE/PRM⁴ | | | |
| UNHCR | Global Appeal for Refugees and IDPs in DRC, Multi-Sector Assistance, Protection | Countrywide | \$12,700,000 |
| UNHAS | Logistics Support and Relief Commodities | Countrywide | \$950,000 |
| TOTAL USAID/PRM FUNDING | | | \$13,650,000 |
| TOTAL USG HUMANITARIAN FUNDING FOR THE DRC RESPONSE IN FY 2018⁵ | | | \$143,731,065 |

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.

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 \$20,182,560 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 \$163,913,625.

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>