

Democratic Republic of the Congo – Complex Emergency

December 21, 2020

SITUATION AT A GLANCE

25.6 MILLION	21.8 MILLION	5.2 MILLION	934,000	526,000
Estimated Population in Need of Assistance	Estimated Acutely Food Insecure Population	Estimated Number of IDPs in the DRC	Estimated Number of Congoese Refugees Sheltering Abroad	Estimated Number of Refugees Sheltering in the DRC
OCHA – June 2020	IPC – September 2020	OCHA – August 2020	UNHCR – October 2020	UNHCR – October 2020

- Deteriorating security conditions are driving displacement and exacerbating humanitarian needs in Ituri, North Kivu, and South Kivu provinces.
- Flooding and armed conflict are hindering humanitarian response to heightened needs in North Kivu's Masisi Territory.
- Elevated acute food insecurity will likely persist in parts of eastern DRC through May, despite harvests and the gradual resumption of cross-border trade.



TOTAL U.S. GOVERNMENT HUMANITARIAN FUNDING

For the DRC Response in FY 2020

USAID/BHA^{1,2} \$350,009,015

State/PRM³ \$68,150,000

For complete funding breakdown with partners, see detailed chart on page 7

Total \$418,159,015

¹USAID's Bureau for Humanitarian Assistance (USAID/BHA)

²Total USAID/BHA funding includes non-food humanitarian assistance from the former Office of U.S. Foreign Disaster Assistance and emergency food assistance from the former Office of Food for Peace.

³U.S. Department of State's Bureau of Population, Refugees, and Migration (State/PRM)

⁴This total includes approximately \$23,833,699 in supplemental funding through USAID/BHA and State/PRM for COVID-19 preparedness and response activities.

KEY DEVELOPMENTS

More Than 76,000 IDPs in South Kivu Face Significant Humanitarian Needs

Deteriorating security conditions and poor infrastructure have exacerbated humanitarian needs and limited humanitarian access in areas of South Kivu's Fizi, Mwenga, and Uvira territories since May 2020, the UN reports. Approximately 76,400 internally displaced persons (IDPs) are currently experiencing significant food, nutrition, protection, and water, sanitation, and hygiene (WASH) needs. Many displaced communities across the territories are facing Crisis—IPC 3—and Emergency—IPC 4—levels of acute food insecurity, and some areas have not received humanitarian food assistance since November 2019, according to the UN.⁵ Ongoing hostilities, attacks on relief workers, dilapidated road conditions, and infrequent humanitarian flights are limiting relief agency access to the region. Moreover, protracted conflict and intercommunal violence have resulted in widespread protection violations, including the killing of civilians, gender-based violence (GBV), looting and destruction of property, and the recruitment of children into armed groups. In addition, displaced populations face limited access to safe drinking water and hygienic latrines, particularly in informal IDP sites in Uvira's Bijombo locality and Mwenga's Mikenge locality, leading to a surge in waterborne disease cases in recent months.

Armed Clashes Displace Thousands in Ituri and North Kivu

Recent armed group attacks and clashes with the Armed Forces of the DRC (FARDC) in Ituri and North Kivu have resulted in civilian deaths, destruction of property, and population displacement, generating significant humanitarian needs among IDPs and host community members. In mid-October, armed group activity in Ituri displaced more than 14,600 people, while clashes between the FARDC and an armed group in North Kivu displaced approximately 3,600 people. Primary needs among the displaced populations include emergency food assistance and WASH support, according to relief actors. In North Kivu, the newly displaced population joined an estimated 10,000 other IDPs sheltering in Lubero Territory's Kamandi Gite village, placing a further strain on the host community, which has recently experienced substantial crop losses due to recent heavy rainfall. Insecurity in the province's Beni Territory has been particularly significant; between October 2019 and late November 2020, armed conflict and attacks on civilian populations resulted in at least 1,000 civilian deaths in Beni, with at least 62 deaths reported between late October and mid-November alone, according to the UN Office for the Coordination of Humanitarian Affairs (OCHA). In Beni's Oicha Health Zone, armed conflict and threats to relief workers have led to the closure of 13 of the health zone's 26 health facilities in recent months, with eight other health facilities currently in the process of closing, which is expected to exacerbate health problems among the Oicha's population of approximately 370,000 people.

WFP Reports Concerning Food Security and Nutrition Conditions in Kasai, Conflict Continues to Drive Food Insecurity Across the DRC Through 2021

According to an October UN World Food Program (WFP) emergency food security assessment in Kasai Province, approximately 3.2 million people—nearly 70 percent of Kasai's population of 4.6 million people—faced moderate or severe food insecurity in the province in June. Furthermore, nearly 2.2 million of those who faced food insecurity resided in Kasai's Kamonia Territory, near the DRC–Angola border. Approximately 60 percent of assessed households had resorted to using negative coping strategies, such as selling household assets or reducing the frequency, diversity, and number of meals, according to the assessment. Additionally, more than 90 percent of assessed children ages 6–23 months did not meet minimum acceptable diet standards.

⁵ The Integrated Food Security Phase Classification (IPC) is a standardized tool that aims to classify the severity and magnitude of acute food insecurity. The IPC scale, which is comparable across countries, ranges from Minimal—IPC 1—to Famine—IPC 5.

Meanwhile, the Famine Early Warning Systems Network (FEWS NET) anticipates Stressed—IPC 2—and Crisis levels of acute food insecurity conditions to persist throughout much of eastern DRC and Kasai, Kasai Central, and Kasai Oriental provinces through January 2021. Populations in Ituri's Djugu Territory will likely face Emergency levels of acute food insecurity during the same period due to the effects of conflict and restricted livelihoods. FEWS NET projects that food security conditions may improve in many regions from February to May, due to the anticipated January-to-March harvest and the gradual resumption of cross-border trade with Uganda and Rwanda. However, populations in several areas of Ituri, Kasai, North Kivu, South Kivu, and Tanganyika provinces will continue to face Crisis levels through May.

Torrential Rains, Floods, Conflict Drive Humanitarian Needs in Masisi

Heavy rainfall and resultant flooding, as well as strong winds, struck North Kivu's Masisi Territory on October 1, resulting in at least 12 deaths, inundating nearly 80 percent of all cropland in Masisi's Kirotshé Health Zone, and displacing approximately 550 households in Kirotshé's Sake town, according to the UN. Flooding also severely damaged a bridge near Sake, restricting humanitarian access to thousands of IDPs. In addition, most latrines in Sake were flooded, increasing the risk of waterborne diseases. In response, humanitarian organizations mobilized emergency assistance, including providing health care and disease surveillance services and evaluating the damaged bridge to develop rehabilitation plans. Furthermore, between August and November, armed clashes resulted in the displacement of more than 37,000 people in Masisi's Nyabiondo Health Zone, including approximately 4,000 people displaced from Nyabiondo's Bapfuna locality between November 8 and 9. In addition, insecurity continues to present significant threats to humanitarian actors operating in the territory; non-governmental organizations (NGOs) reported four attacks on property or personnel in Masisi during November.

Reported GBV Cases Spike Across the DRC in 2020

The Protection Cluster—the coordinating body for humanitarian protection activities, comprising UN agencies, NGOs, and other stakeholders—received reports of more than 26,900 GBV cases across the DRC between January and June 2020, an increase of 57 percent compared to the number of cases reported during same period in 2019, the Office of the UN High Commissioner for Refugees (UNHCR) notes. All provinces in eastern DRC—including conflict-affected North Kivu and South Kivu—experienced increased reporting of GBV cases. Health actors responded to reported GBV cases; however, some protection incidents likely remain unreported, according to UNHCR. The increase in the DRC follows reports that pandemic-related economic stress and movement restrictions intended to curb the spread COVID-19 had triggered increases in GBV and other protection incidents globally, as well as disrupted survivors' access to support services, according to the UN Children's Fund (UNICEF).

UNICEF Reports Cholera, Bubonic Plague Outbreaks in 2020

USAID/BHA partner UNICEF continues to respond to ongoing cholera outbreaks in the eastern DRC, which—despite being smaller than outbreaks since 2017—have resulted in nearly 17,500 suspected cases and 272 deaths since January. Additionally, UNICEF reports a resurgence of suspected cholera cases in Kasai Oriental Province's city of Mbuji-Mayi. The UN agency also reported 87 cases of bubonic plague in Ituri in August.

UNICEF and other health actors provided cholera immunization to nearly 1.06 million people in South Kivu Province's Fizi, Idjwi, Minova, and Uvira health zones in recent weeks, achieving a 93 percent

coverage rate for the first vaccination round. In addition, as part of a new cholera response strategy, UNICEF is implementing targeted, rapid interventions around suspected cases in both North Kivu and South Kivu, aiming to respond to more than 80 percent of suspected cases within 48 hours. The rapid intervention strategy, which includes the establishment of a sanitation cordon around each suspected case and neighboring households, was derived from health actors' successful efforts to end a deadly cholera outbreak in Haiti in 2019. During October, response teams reached approximately 11,400 households with WASH assistance and carried out 268 rapid interventions in the two provinces, more than 98 percent of which responded in less than 48 hours.

KEY FIGURES



**\$249.7
Million**

In dedicated USG
support for
emergency food
and nutrition
assistance in
FY 2020



\$24.2 Million

In dedicated USG
support for life-saving
health care programming

U.S. GOVERNMENT RESPONSE

FOOD SECURITY AND NUTRITION

USAID/BHA works with two UN agencies and 11 NGOs to provide life-saving food and nutrition assistance to IDP, refugee, host community members, and other vulnerable populations facing acute food insecurity in the DRC. With more than \$249.7 million in USAID/BHA support in FY 2020, UN and NGO partners are providing cash transfers for food, food vouchers, and in-kind food assistance—including U.S.-sourced commodities, as well as locally, regionally, and internationally procured commodities—to help vulnerable households meet their basic food needs. Additionally, USAID/BHA is supporting partners to conduct activities that complement food assistance efforts, such as bolstering agricultural production and livelihoods through the distribution of tools and seeds.

From January to September, food security relief actors, including USAID/BHA partners, provided in-kind food assistance to approximately 3.2 million people and cash-based transfers for food to nearly 2 million people in the DRC, according to the Food Security Cluster.

HEALTH

With approximately \$24.2 million in FY 2020 funding, USAID/BHA supports one UN agency and 9 NGO partners to respond to the emergency health needs of IDP, host community members, and other vulnerable populations across the DRC. Working through UN and NGO partners, USAID/BHA health interventions prioritize providing access to primary health care services at health facilities and mobile clinics, increasing the availability of essential medicines and immunizations, and supporting disease surveillance and response efforts, among other activities. USAID/BHA also supports community sensitization and health messaging efforts encouraging the adoption of recommended health and hygiene practices to prevent the spread of communicable diseases, including COVID-19. Moreover, USAID/BHA continues to build the response capacity of local health care workers by organizing health-focused trainings and capacity building workshops.



15

Number of USG
implementing partners
supporting WASH
programming

WASH

USAID/BHA partners provide WASH assistance in 10 of the DRC's 26 provinces to improve access to safe drinking water and sanitation, and reduce the spread of infectious disease outbreaks, including ongoing cholera, COVID-19, and measles outbreaks, as well as the Ebola virus disease. USAID/BHA-supported activities include constructing and rehabilitating WASH infrastructure including handwashing stations, latrines, showers, and water points; transporting emergency water reserves to IDP sites; and distributing hygiene kits and other WASH commodities. USAID/BHA also supports the dissemination of WASH messaging and best practices through radio broadcasts, supporting community and school groups, and facilitating WASH-focused community events.



10

Number of USG
implementing partners
supporting protection
programming

PROTECTION

Through support to the International Committee of the Red Cross (ICRC), two UN agencies, and seven NGO partners, State/PRM and USAID/BHA provide critical protection interventions for populations in crisis-affected areas of the DRC. To assist vulnerable people—including survivors of sexual and GBV and children associated with armed forces or armed groups—USAID/BHA partners provide case management support, psychosocial support services, dignity kits comprising hygiene and sanitary items, and community information sessions on protection-related topics. Moreover, State/PRM partner UNHCR addresses the protection needs of IDP, refugee, and host community populations across the DRC by providing legal support, improving access to essential social services—such as healthcare—managing regional protection incident referral systems, supporting community-based protection networks, leading the protection cluster, and promoting durable solutions for refugees—which may include including voluntary repatriation, local integration, and third-country resettlement.

State/PRM partner UNHCR reports that nearly 500 refugees from the Central African Republic (CAR) had voluntarily repatriated from the DRC from November 10 to 16. Since July 2019, approximately 7,000 Central African refugees have voluntarily departed the DRC and returned to CAR; however, the recent repatriation was the first since the onset of the COVID-19 pandemic and March closure of the DRC–CAR border. An additional 14,000 Central African refugees in the DRC expressed interest and registered for voluntary repatriation, UNHCR reports. The UN agency facilitated repatriation of other nationalities as well, including nearly 1,200 Burundian refugees in the DRC who had voluntarily repatriated in 2020, as of November. Additionally, UNHCR obtained special authorizations to resume voluntary repatriations of Rwandan refugees despite the closure of Rwanda's land borders, with a first wave of 160 individuals from North Kivu and South Kivu in October 2020.



439,000

People reached with shelter assistance from the USG-supported Shelter Cluster between January and August

SHELTER AND RELIEF COMMODITIES

The U.S. Government (USG) supports three UN agencies and four NGOs to provide emergency shelter assistance and relief commodities to IDPs, refugees, and other vulnerable populations in crisis-affected areas of the DRC. USG partners the International Organization for Migration (IOM) and UNHCR play a leading role in constructing emergency shelters for displaced individuals and managing IDP and refugee camps in the DRC. USG partners also provide relief commodities and household items, including blankets, mats, tools, and water containers to help vulnerable households meet their essential needs.

CONTEXT IN BRIEF

- Despite the implementation of a peace agreement in 2003, fighting between forces loyal to the Government of the DRC (GoDRC) and various armed entities, including the Allied Democratic Forces, the Democratic Forces for the Liberation of Rwanda, and Mai Mai elements, continues to contribute 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 several parts of the DRC, triggering widespread internal displacement and refugee outflows.
- On November 3, U.S. Ambassador to the DRC Michael A. Hammer re-declared a disaster for FY 2021 due to ongoing complex emergency conditions in the DRC, citing the significant level of unmet humanitarian needs in the DRC exceeding the GoDRC's capacity to respond and the willingness of the GoDRC to accept humanitarian assistance.
- Heavy seasonal rainfall can cause localized flooding in parts of the DRC, resulting in damage to public infrastructure and increased humanitarian needs in affected areas. Ambassador Hammer issued separate disaster declarations due to the humanitarian impact of flooding in northern DRC and South Kivu on November 27, 2019, and April 23, 2020, respectively.

USG HUMANITARIAN FUNDING FOR THE DRC RESPONSE IN FY 2020¹

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
FUNDING IN THE DRC FOR COMPLEX EMERGENCY			
USAID/BHA			
Non-Food Assistance			
African Initiatives for Relief & Development (AIRD)	Shelter and Settlements, WASH	Ituri	\$699,409
CARE	Health, Protection, WASH	North Kivu	\$3,609,586

Concern	Economic Recovery and Market Systems (ERMS), Multipurpose Cash Assistance, Shelter and Settlements, WASH	Haut-Katanga, North Kivu, Tanganyika	\$7,000,000
Danish Refugee Council (DRC)	Agriculture and Food Security, WASH, ERMS, Protection, Shelter and Settlements	Ituri	\$3,190,969
DanChurchAid (DCA)	ERMS, Protection, Shelter and Settlements, WASH	North Kivu	\$2,100,000
Doctors of the World	Health, Nutrition, Protection, WASH	South Kivu	\$2,500,000
IMA World Health	Health	Bas-Uele, Haut-Katanga, Haut-Lomami, Ituri, Lomami, Lualaba, Maniema, Kasai, Kasai-Oriental, North Kivu, South Kivu, Tanganyika, Tshopo	\$2,030,000
International Federation of the Red Crescent (IFRC)	WASH	Nord-Ubangi, Sud-Ubangi	\$250,000
International Medical Corps (IMC)	Health, Protection	South Kivu, Tanganyika	\$3,000,000
International NGO Safety Operation (INSO)	Humanitarian Coordination and Information Management (HCIM)	Ituri, North Kivu, South Kivu, Tanganyika	\$935,000
IOM	HCIM, Shelter and Settlements, WASH	Ituri, North Kivu, Tanganyika	\$7,930,000
International Rescue Committee (IRC)	Health	North Kivu, Tanganyika	\$3,861,896
Medair	Health, Nutrition, WASH	Ituri, North Kivu	\$6,156,276
Mercy Corps	WASH	Ituri, North Kivu, South Kivu, Tanganyika	\$3,000,000
Norwegian Refugee Council (NRC)	Agriculture and Food Security, Protection, Shelter and Settlements, WASH	Ituri, Tanganyika	\$5,075,000
OCHA	HCIM	Countrywide	\$1,000,000
Oxfam	HCIM, WASH	Ituri, Maniema, North Kivu, South Kivu, Tanganyika	\$6,492,548
Save the Children Federation (SCF)	Health, Nutrition, Protection, WASH	Ituri	\$3,750,000
Tearfund	Agriculture and Food Security, WASH	Ituri, North Kivu, South Kivu	\$5,025,611
UN Humanitarian Air Service (UNHAS)	Logistics Support	Countrywide	\$4,000,000
UNICEF	WASH	Nord-Ubangi, South Kivu, Sud-Ubangi	\$13,350,000
Welthungerhilfe (WHH)	Agriculture and Food Security, WASH	North Kivu	\$1,140,000
World Resources Institute	Agriculture and Food Security	Tanganyika	\$4,499,419
	Program Support		\$27,994
TOTAL NON-FOOD ASSISTANCE FUNDING			\$90,623,708
Food Assistance			
Action Contre la Faim (ACF)	Cash Transfers for Food, Food Vouchers, Local, Regional, and International Food Procurement (LRIP), Complementary Services	Ituri, Kasai, Kasai-Central	\$16,648,259
ACTED	Cash Transfers for Food, LRIP, Complementary Services	Bas-Uele, North-Ubangi	\$1,810,415
Adventist Development and Relief Agency (ADRA)	LRIP, Complementary Services	Kasai	\$13,000,000
Concern	Cash Transfers for Food, Food Vouchers, LRIP, Complementary Services	Haut-Katanga, Tanganyika	\$8,000,000
CRS	Cash Transfers for Food, Food Vouchers, LRIP, Complementary Services	Kasai-Central, Kasai-Oriental	\$16,578,652

Mercy Corps	Cash Transfers for Food, Food Vouchers, Complementary Services	Ituri, North Kivu, South Kivu	\$10,000,000
Samaritan's Purse	LRIP	Bas-Uele	\$1,264,690
SCF	LRIP, Complementary Services	Kasaï-Oriental	\$4,399,387
Solidarités International	Food Vouchers	Ituri, North Kivu	\$1,525,000
UNICEF	1,000 metric tons (MT) U.S. In-Kind Food Assistance	Kasaï, Kasaï Central, Kasaï-Oriental, Lomami, South Kivu, Tanganyika,	\$9,693,182
WFP	49,560 MT U.S. In-Kind Food Assistance, Cash Transfers for Food, LRIP, Complementary Services	Équateur, Haut-Katanga, Haut Uele, Ituri, Kasaï, Kasaï-Central, Kasaï-Oriental, Maniema, Kwango, North Kivu, Nord-Ubangi, South Kivu, Sud-Ubangi, Tanganyika	\$162,782,023
TOTAL FOOD ASSISTANCE FUNDING			\$245,701,608
TOTAL USAID/BHA FUNDING			\$336,325,316
STATE/PRM			
ICRC	Multi-Sector Assistance	Countrywide	\$14,900,000
UNHAS	Logistics Support and Relief Commodities	Countrywide	\$1,100,000
UNHCR	Multi-Sector Assistance	Countrywide	\$42,000,000
TOTAL STATE/PRM FUNDING			\$58,000,000
TOTAL USG FUNDING FOR COMPLEX EMERGENCY IN THE DRC IN FY 2020			\$394,325,316

FUNDING IN THE FOR COVID-19 OUTBREAK PREPAREDNESS & RESPONSE²			
USAID/BHA			
Non-Food Assistance			
FHI 360	Health, WASH	North Kivu, South Kivu, Tanganyika	\$2,099,054
IMC	Health	North Kivu, South Kivu, Tanganyika	\$3,402,313
IOM	Health, WASH	Ituri, North Kivu, Tanganyika	\$1,930,000
Internews	Health	Ituri, North Kivu, South Kivu, Tanganyika	\$292,000
SCF	Health, WASH	Ituri	\$750,000
Tearfund	WASH	Ituri, North Kivu, South Kivu	\$650,000
World Vision	Health	South Kivu, Tanganyika	\$560,332
TOTAL NON-FOOD ASSISTANCE FUNDING			\$9,683,699
Food Assistance			
WFP	Cash Transfers for Food	Kinshasa	\$4,000,000
TOTAL FOOD ASSISTANCE FUNDING			\$4,000,000
TOTAL USAID/BHA FUNDING			\$13,683,699
STATE/PRM			
ICRC	Multi-Sector Assistance	Countrywide	\$5,950,000
UNHCR	Multi-Sector Assistance	Countrywide	\$4,200,000
TOTAL STATE/PRM FUNDING			\$10,150,000
TOTAL USG FUNDING FOR COVID-19 OUTBREAK PREPAREDNESS & RESPONSE IN THE DRC IN FY 2020			\$23,833,699
TOTAL USAID/BHA FUNDING FOR THE DRC RESPONSE IN FY 2020			\$350,009,015

TOTAL State/PRM FUNDING FOR THE DRC RESPONSE IN FY 2020	\$68,150,000³
TOTAL USG HUMANITARIAN FUNDING FOR THE DRC RESPONSE IN FY 2020	\$418,159,015

¹ Year of funding indicates the date of commitment or obligation, not appropriation, of funds. Funding figures reflect publicly announced funding as of September 30, 2020.

² Figures represent supplemental International Disaster Assistance (IDA) and Migration and Refugee Assistance (MRA) funding committed for COVID-19 preparedness and response activities as of September 30, 2020.

³ This total includes humanitarian funding provided in response to heavy flooding in November 2019 and April 2020. It does not include \$38.5 million in FY 2020 State/PRM funding for Congolese refugees in neighboring countries, of which \$2.4 million is towards responding to COVID-19, which increases total USG emergency funding for the DRC complex emergency in FY 2020 to \$456,659,015.

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 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, dietarily, and environmentally appropriate assistance.
- More information can be found at:
 - USAID Center for International Disaster Information: cidi.org
 - Information on relief activities of the humanitarian community can be found at reliefweb.int.

USAID/BHA bulletins appear on the USAID website at [usaid.gov/humanitarian-assistance/where-we-work](https://www.usaid.gov/humanitarian-assistance/where-we-work)