



# DEMOCRATIC REPUBLIC OF THE CONGO - COMPLEX EMERGENCY

FACT SHEET #4, FISCAL YEAR (FY) 2018

JUNE 12, 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

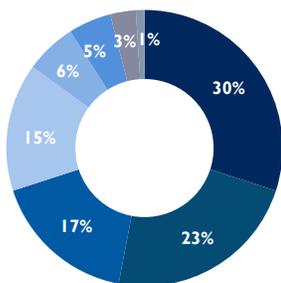
**726,000**

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

**541,700**

Refugees in DRC  
UNHCR – April 2018

## USAID/OFDA<sup>1</sup> FUNDING BY SECTOR IN FY 2018



- Water, Sanitation & Hygiene (30%)
- Logistics Support & Relief Commodities (23%)
- Health (17%)
- Shelter & Settlements (15%)
- Humanitarian Coordination & Information Management (6%)
- Protection (5%)
- Agriculture & Food Security (3%)
- Economic Recovery & Market Systems (1%)

## USAID/FFP<sup>2</sup> FUNDING BY MODALITY IN FY 2018



- U.S. In-Kind Food Aid (91%)
- Cash Transfers for Food (9%)

## HIGHLIGHTS

- Nearly 84,000 Congolese have fled to neighboring Uganda to date in 2018
- Continued FAW infestations could reduce harvests in eastern DRC
- USG, relief organizations respond to Ebola outbreak in northwestern DRC

## HUMANITARIAN FUNDING FOR THE DRC RESPONSE IN FY 2018

USAID/OFDA	\$16,734,187
USAID/FFP	\$32,876,192
State/PRM <sup>3</sup>	\$13,650,000
<b>Total</b>	<b>\$63,260,379<sup>4</sup></b>

## KEY DEVELOPMENTS

- Sporadic conflict and the presence of armed groups continue to result in fluid population movement across central and eastern Democratic Republic of the Congo (DRC). Since April, violence in North Kivu Province and areas of Kasai region—comprising Kasai, Kasai-Central, Kasai-Oriental, Lomami, and Sankuru provinces—has resulted in civilian deaths and displaced populations.
- On May 8, the Government of DRC (GoDRC) declared an outbreak of Ebola virus disease (EVD) in Equateur Province. As of June 11, the GoDRC had reported 55 suspected, probable, or confirmed EVD cases, including 28 related deaths. USAID, the U.S. Centers for Disease Control and Prevention (CDC), and the National Institutes of Health are supporting the GoDRC-led response in Equateur.
- With \$63 million in FY 2018 humanitarian funding, the USG remains the largest donor for the DRC response; however, donors had provided only 16 percent of the \$1.7 billion requested by the 2018 Humanitarian Response Plan as of June 12, the UN reports.

<sup>1</sup> USAID's Office of U.S. Foreign Disaster Assistance (USAID/OFDA)

<sup>2</sup> USAID's Office of Food for Peace (USAID/FFP)

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

<sup>4</sup> 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 \$83,442,939.

## INSECURITY AND POPULATION DISPLACEMENT

- On May 20, armed individuals attacked Matopolo village, located approximately six miles from Kasai's Kakenge town, resulting in at least 12 deaths and injuring at least 20 people, according to international media. Following the attack, Médecins Sans Frontières (MSF) provided medical treatment to injured persons at MSF-supported health facilities in Kakenge. Since early April, MSF has provided more than 5,800 medical consultations in and around Kakenge, delivering medical services to approximately 160 people and treating more than 110 children experiencing acute malnutrition, the non-governmental organization (NGO) reports.
- Refugees from eastern DRC's Ituri and North Kivu provinces continue to flee to neighboring Uganda due to violence and attacks against civilians. Between January 1 and June 4, nearly 84,000 Congolese refugees arrived in neighboring Uganda, with the UN estimating that a total of 150,000 Congolese could arrive in the country during 2018. The number of new refugee arrivals has declined in recent months, however, and fewer than 17,000 Congolese arrived in Uganda between April 1 and June 4, according to the UN.
- The UN continues to report fluid population movement in North Kivu. Violence has generated new population displacement in some areas of the province, while localized security improvements have contributed to internally displaced persons (IDPs) returning to areas of origin. For example, clashes between armed groups in North Kivu's Rutshuru and Walikale territories from April 7–19 prompted an estimated 4,600 people to flee to Rutshuru's Nyanzale town. In addition, an estimated 20,400 IDPs in North Kivu returned to areas of origin in Lubero Territory's Kashugho town between January and mid-May, according to the UN. Critical health needs persist among returnees and host community members in Kashugho, however, as the prolonged presence of armed groups in and around the town has contributed to a shortage of medical supplies and hindered delivery of routine immunizations, the International Organization for Migration (IOM) reports.
- Despite relative improvements in recent months, the security situation remains volatile in Ituri, where intercommunal conflict from December 2017 to March 2018 displaced an estimated 343,000 people, the UN reports. Relief organizations are responding to acute humanitarian needs in the province, although insecurity and resource shortfalls have hindered the emergency response to date, according to the UN. From February to April, the UN World Food Program (WFP) distributed more than 1,750 metric tons (MT) of emergency food assistance to displaced populations in Ituri's Djugu, Irumu, and Mahagi territories. In addition, the DRC Humanitarian Fund—a pooled fund managed by the UN Resident and Humanitarian Coordinator and the UN Office for the Coordination of Humanitarian Affairs (OCHA)—has allocated more than \$6 million to support delivery of relief commodities and emergency food, health, protection, and water, sanitation, and hygiene (WASH) assistance for displaced populations and vulnerable host community members in Ituri.
- The UN reports that more than 125,000 IDPs returned to areas of origin in Haut-Katanga and Tanganyika provinces between January and April. In Haut-Katanga's Pweto Territory, more than 75,000 IDPs returned to areas of origin, while an estimated 50,000 IDPs returned to areas of origin in Tanganyika's Kabalo Territory. Despite significant IDP returns in the territories, many vulnerable returnees face reintegration challenges and continue to require emergency relief commodities and shelter support, the UN reports. Recurrent intercommunal conflict, military operations, and clashes between armed groups in Haut-Katanga and Tanganyika have also restricted access to agricultural fields and disrupted livelihoods for recently returned populations and other community members.
- From May 14–16, USAID/OFDA partner IOM trained 30 individuals on data collection methodologies and tools to support IOM efforts to scale up Displacement Tracking Matrix (DTM) operations in DRC. The trained personnel will support IOM to gather humanitarian-related data on IDPs and returnees in seven provinces—Kasai, Kasai-Central, Kasai-Oriental, Lomami, Sankuru, South Kivu, and Tanganyika. Through the DTM, IOM collected information related to approximately 587,000 IDPs and more than 1.3 million returnees across DRC during 2017.
- From April 28 to May 5, IOM—in partnership with the Office of the UN High Commissioner for Refugees (UNHCR), funded by State/PRM, and the USAID/OFDA-supported Rapid Response to Population Movement mechanism, managed by the UN Children's Fund (UNICEF)—distributed shelter kits to approximately 1,750 households at the Kikumbe displacement site in Tanganyika. Each shelter kit included a mosquito net, nails, poles, rope, and tarpaulins.

## HEALTH AND WASH

- On May 8, the GoDRC declared an outbreak of EVD in Equateur’s Bikoro Health Zone. Between April 4 and June 11, the GoDRC recorded 38 confirmed, 14 probable, and 3 suspected cases of EVD, including at least 28 related deaths. The current EVD outbreak is the ninth in DRC since the discovery of the virus in 1976. The most recent outbreak in May 2017 resulted in four deaths, while a 2014 outbreak in Equateur resulted in nearly 50 deaths. In response to the current EVD outbreak, the GoDRC and relief organizations have bolstered EVD case management and contact tracing, administered approximately 2,300 EVD vaccines, ensured safe and dignified burials for EVD-related deaths, strengthened disease surveillance mechanisms, and supported public awareness and sensitization efforts, among other key activities.
- As of June 1, USAID had contributed \$8 million to support the joint GoDRC and UN World Health Organization (WHO) Strategic Response Plan for the EVD outbreak, which requests \$56.7 million to support EVD-related emergency interventions in DRC from May–July. In addition to this funding, USAID has provided personal protective equipment and laboratory supplies, supported mobilization of two existing mobile laboratories, and increased personnel supporting the response in DRC.
- As of early June, WHO had deployed more than 250 technical experts and allocated approximately \$4 million from the UN agency’s emergency contingency fund to support the EVD response. In addition, the UN Central Emergency Response Fund (CERF)—a pooled humanitarian fund established and managed by the UN to support sudden-onset and underfunded emergencies—has allocated \$2 million to support response efforts in Equateur. USG partner the UN Humanitarian Air Service (UNHAS) is also providing air transport for relief actors from the capital city of Kinshasa to Equateur’s Mbandaka city.
- Since late April, heavy seasonal rainfall in South Kivu Province’s Uvira Territory has generated widespread flooding, displacing more than 9,000 people and destroying at least 6,500 houses, the UN reports. As of May 7, floods had affected an estimated 32,000 people across Uvira, with health care and WASH services reported as urgent humanitarian needs. Flooding also damaged the road between Uvira and South Kivu’s Baraka town, Fizi Territory, restricting humanitarian access to vulnerable populations.
- On April 26, USAID/OFDA partner Save the Children/U.S. (SC/US) deployed a mobile health clinic to a displacement site in North Kivu’s Kalengera town, where approximately 1,500 IDPs were sheltering as of late April. SC/US provided medicine and health consultations to more than 400 people in the town, and referred 25 others to local health care centers and hospitals. With USAID/OFDA FY 2017 funding, SC/US is supporting disease surveillance, training community health workers, and deploying mobile clinics to provide basic health care services to conflict-affected populations in hard-to-reach areas of Kasai-Oriental, Lomami, and North Kivu.
- With nearly \$3.6 million in USAID/OFDA FY 2018 funding, the International Rescue Committee (IRC) is delivering multi-sector emergency assistance, including health and protection interventions, for more than 270,000 displaced and vulnerable people in North Kivu and Tanganyika. With USAID/OFDA support, IRC is supporting community prevention of gender-based violence (GBV), while also providing medical care, psychosocial support, and livelihoods assistance to GBV victims.

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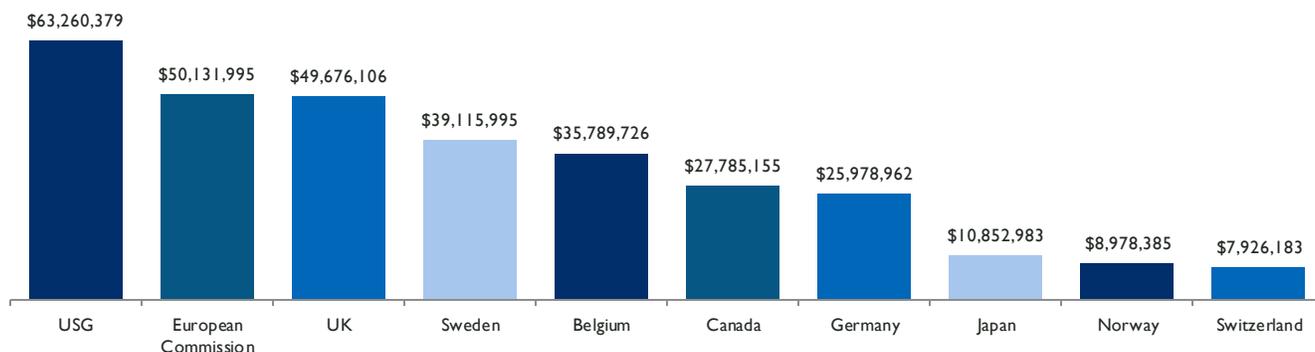
## FOOD SECURITY AND NUTRITION

- Infestations of fall armyworm (FAW)—an invasive insect species that can cause significant damage to both cash and staple crops—continue to damage staple crops across North Kivu, South Kivu, and Tanganyika, the Famine Early Warning Systems Network (FEWS NET) reports. Without effective treatment, the FAW infestations could generate cereal crop losses of as much as 50 percent in the coming months; eradication efforts to date have produced minimal results, according to FEWS NET.
- Above-average seasonal rainfall in parts of Tanganyika could negatively affect cassava and maize production and reduce harvests in the coming months, particularly in low-lying areas where flooding has destroyed staple crops, according to FEWS NET. In Haut-Katanga, Haut-Lomami, Lualaba, and Tanganyika, increased food imports from Zambia between January and March have improved food availability in markets, preventing seasonal increases in staple food prices.

Flood-related crop and infrastructure damage has also contributed to elevated food prices across North Kivu, South Kivu, and Tanganyika since April, further restricting food access for populations already facing Crisis—IPC 3—levels of acute food insecurity.<sup>5</sup> In addition, the continued presence of armed groups and military operations by the Armed Forces of DRC have exacerbated insecurity during a critical crop-growing period, reducing food production prospects in areas that typically generate surplus agricultural production, FEWS NET reports.

- Seven of 10 monitored staple food prices remained stable countrywide during April; however, the GoDRC and the UN reported that prices of imported rice, vegetable oil, and local rice increased by 17, 10, and 6 percent, respectively, during the month. In addition, eight of DRC’s 26 provinces—Haut-Katanga, Kasai-Oriental, Kwango, Lualaba, Maniema, North Kivu, Sud-Ubangi, and Tanganyika—recorded price increases for the majority of monitored staple foods. Contributing factors to elevated food prices include insecurity, increased transport and fuel costs, and flood-related damage to crops in southeastern DRC, according to the GoDRC.
- More than 770,000 children ages five years and younger in Kasai region face acute malnutrition, with 400,000 children—nearly 10 percent of all children younger than five years of age in the region—at risk of severe acute malnutrition, UNICEF reports. Despite ongoing humanitarian interventions in Kasai region, protracted conflict and population displacement continue to limit access to basic services and food for children and other vulnerable populations.
- With support from USAID/FFP, UNICEF is responding to widespread acute malnutrition in Kasai region. From January 2017–January 2018, UNICEF aimed to reach approximately 34,000 acutely malnourished children with ready-to-use therapeutic food and other emergency nutrition interventions. In addition, UNICEF—with FY 2017 USAID/OFDA funding—is rehabilitating WASH infrastructure and distributing emergency relief commodities—such as blankets, clothing, hygiene kits, kitchen sets, and water containers—to up to 250,000 conflict-affected people across Kasai region.

### 2018 TOTAL HUMANITARIAN FUNDING\* PER DONOR



\*Funding figures are as of June 12, 2018. All international figures are according to OCHA’s 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.

<sup>5</sup> 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.

## 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 2018<sup>1</sup>

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
<b>USAID/OFDA<sup>2</sup></b>			
Catholic Relief Services (CRS)	Shelter and Settlements, WASH	Tanganyika	\$3,922,896
IRC	Economic Recovery and Market Systems, Health, Protection	North Kivu, Tanganyika	\$3,592,582
OCHA	Humanitarian Coordination and Information Management	Countrywide	\$1,000,000
Tearfund	Agriculture and Food Security, WASH	Eastern DRC	\$3,633,539
UNHAS	Logistics Support and Relief Commodities	Countrywide	\$3,500,000
	USAID/OFDA Airlifted Relief Commodities	Countrywide	\$93,394
	Program Support		\$991,776
<b>TOTAL USAID/OFDA FUNDING</b>			<b>\$16,734,187</b>
<b>USAID/FFP<sup>3</sup></b>			
WFP	Cash Transfers for Food	Nord-Ubangi, Sud-Ubangi	\$3,000,000
	17,035 MT of U.S. In-Kind Food Aid	Eastern DRC	\$29,876,192
<b>TOTAL USAID/FFP FUNDING</b>			<b>\$32,876,192</b>
<b>STATE/PRM<sup>4</sup></b>			
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
<b>TOTAL USAID/PRM FUNDING</b>			<b>\$13,650,000</b>
<b>TOTAL USG HUMANITARIAN FUNDING FOR THE DRC RESPONSE IN FY 2018<sup>5</sup></b>			<b>\$63,260,379</b>

<sup>1</sup> Year of funding indicates the date of commitment or obligation, not appropriation, of funds.

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

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

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

<sup>5</sup> 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 \$83,442,939.

## **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](http://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](http://www.cidi.org) or +1.202.661.7710.
  - Information on relief activities of the humanitarian community can be found at [www.reliefweb.int](http://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>