

# DEMOCRATIC REPUBLIC OF THE CONGO - COMPLEX EMERGENCY

FACT SHEET #4, FISCAL YEAR (FY) 2017

AUGUST 25, 2017

## **NUMBERS AT A GLANCE**

People in DRC Requiring Humanitarian Assistance HRP – January 2017 Kasaï Flash Appeal – April 2017

# 3.8 million

IDPs in DRC OCHA - August 2017

# 7.7 million

Acutely Food-Insecure People in DRC UN - July 2017

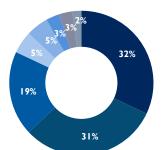
616,543

DRC Refugees and Asylum-Seekers Across Africa UNHCR - July 2017

475,019

Refugees from Neighboring Countries in DRC UNHCR - July 2017

#### **USAID/OFDA<sup>1</sup> FUNDING** BY SECTOR IN FY 2017



- Logistics Support & Relief Commodities (32%)
- Health (31%)
- Water, Sanitation & Hygiene (19%)
- Humanitarian Coordination & Information Management (5%)
- Economic Recovery & Market Systems (3%)
- Protection (3%)
- Shelter & Settlements (2%)

#### **USAID/FFP<sup>2</sup> FUNDING**



- Agriculture & Food Security (5%)

54%	46%	
■ U.S. In-Kind Food Aid (54%)		
■ Local and Regional Procurement (46%)		

#### **HIGHLIGHTS**

- Intercommunal clashes result in population displacement in central and eastern DRC
- Approximately 7.7 million people in DRC experiencing acute food insecurity
- USG announces \$13.9 million to support DRC refugees in Angola

## **HUMANITARIAN FUNDING**

FOR THE DRC RESPONSE IN FY 2017

USAID/OFDA	\$47,424,732	
USAID/FFP	\$54,804,601	
State/PRM <sup>3</sup>	\$36,675,000	
\$138,904,333		

#### **KEY DEVELOPMENTS**

- · Armed violence continues to drive population displacement and humanitarian needs in the Kasaï region, resulting in approximately 1.4 million new internally displaced persons (IDPs) since August 2016; an additional 33,000 people have fled to Angola since April 2017, the UN reports.
- Intercommunal fighting and insecurity throughout July and August have prompted population movements in Haut-Katanga, North Kivu, South Kivu, and Tanganyika provinces, exacerbating food insecurity and the risk of disease outbreaks in affected areas. In response, relief actors, including USAID partners, are providing emergency assistance to affected populations.
- As of June 2017, an estimated 7.7 million people in Democratic Republic of the Congo (DRC) were experiencing acute food insecurity, a 30 percent increase compared to the 5.9 million acutely food-insecure people identified in June 2016, according to the latest IPC analysis.4

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

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

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

<sup>&</sup>lt;sup>4</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 I—to Famine—IPC 5.

#### **DISPLACEMENT AND INSECURITY**

#### **Current Situation**

• From July 18–21, UN Under-Secretary-General and Emergency Relief Coordinator (ERC) Stephen O'Brien visited DRC—including Kasaï, North Kivu, and South Kivu provinces—to meet with response stakeholders and discuss ongoing humanitarian needs and resource challenges. In Kasaï Province's Tshikapa town and nearby Komba IDP site, ERC O'Brien met with IDPs affected by the ongoing crisis in the Kasaï region, including unaccompanied minors, women, and other populations vulnerable to protection risks, the UN reports. In a statement following the visit, ERC O'Brien called on the international community to provide additional resources to address humanitarian needs in DRC, highlighting that DRC has the largest IDP population in Africa.

## Kasaï Region

- Intercommunal tensions and attacks by armed groups in the Kasaï region—comprising Kasaï, Kasaï-Central, Kasaï-Oriental, Lomami and Sankuru provinces—continue to result in displacement, according to the UN. Between July 29 and August 11, the UN recorded approximately 115,000 new IDPs in the region, the majority of whom were sheltering in Kasaï-Central. During the same period an estimated 131,000 people in the Kasaï region returned to areas of origin, primarily in Kasaï-Central's Kananga city. The UN notes that ongoing population returns do not indicate an improvement in the humanitarian situation, as returnees in the region frequently require similar levels of assistance compared to IDPs. As of mid-August, an estimated 1.4 million people remained displaced in the Kasaï region, with the number of returnees increasing to more than 271,000 people.
- In addition, more than 33,000 people—of whom 75 percent are women and children—have fled the Kasaï region to Angola's Lunda Norte Province since April, the UN reports. Relief actors are preparing to assist as many as 50,000 Congolese refugees expected to flee to Angola in 2017. As of mid-August, the Government of the Republic of Angola (GRA) and humanitarian organizations were conducting voluntary relocation of Congolese refugees from overcrowded border reception centers in Lunda Norte to the newly established Lóvua settlement—situated approximately 60 miles from the Angola–DRC border. The GRA and relief actors are providing relocated refugee households in Lóvua with a plot of land, emergency relief commodities, and health assistance, the UN reports. As of August 13, nearly 1,500 refugees had relocated to Lóvua.
- On July 26, the U.S. Embassy in Luanda announced \$13.9 million in FY 2017 U.S. Government (USG) funding to
  provide emergency assistance to DRC refugees fleeing conflict in the Kasaï region to Angola. Of the total, State/PRM
  provided \$9.2 million to the Office of the UN High Commissioner for Refugees (UNHCR) to support protection
  services and the provision multi-sector assistance, including health; shelter; and water, sanitation, and hygiene (WASH)
  services. USAID/FFP also provided \$4.7 million to the UN World Food Program (WFP) to support deliveries of
  emergency food assistance.
- USAID/OFDA recently provided more than \$30 million in additional humanitarian assistance for conflicted-affected
  populations in DRC, including in the Kasaï region. New assistance for the Kasaï region includes \$4.2 million to the UN
  Children's Fund (UNICEF) for the provision of child protection activities, emergency relief commodities, and WASH
  services, and \$2.7 million to the UN Humanitarian Air Services (UNHAS) to facilitate the transport of humanitarian
  commodities and staff to the region.

## Ituri, North Kivu, and South Kivu Provinces

• Fighting between armed groups and the Armed Forces of DRC (FARDC) in North Kivu Province's Lubero Territory on July 14 displaced more than 16,200 people to Lubero town and Katondi, Kitsombiro, and Masereka localities, according to a USAID/OFDA partner. From August 4–9, Save the Children/U.S. (SC/US) conducted a rapid humanitarian assessment in three health zones in Lubero, and found critical gaps in health care services, including inadequate pharmaceutical stocks and poor case management of common infectious diseases. USAID/OFDA is

- supporting non-governmental organization (NGO) partners, including SC/US, to provide food, health, and WASH services to newly displaced populations and other people in need in North Kivu.
- Insecurity in North Kivu's Beni Territory continues to result in displacement and increased humanitarian needs in
  neighboring Ituri Province, according to the UN. Between mid-June and July 6, attacks prompted more than
  11,000 people to flee to Ituri, while more than 1,000 IDPs reportedly returned from Ituri's Tchabi town to North Kivu's
  Kainama town between July 7 and 12—indicating the fluidity of the security situation and temporary nature of some
  population movements.
- Violence in South Kivu's Fizi and Uvira territories displaced approximately 80,000 people to other parts of Fizi and neighboring Maniema and Tanganyika provinces between late June and late July, the UN reports. While many IDPs are residing with host families, the majority of IDPs in Fizi fled to exposed, rural areas, which lack adequate shelter options. IDPs in Maniema's Kasongo Territory are reportedly sheltering in churches, health facilities, and schools, according to the UN. IDPs urgently require increased access to safe drinking water and improved sanitation, as existing WASH infrastructure is insufficient to meet the needs of the increased displaced population, the UN reports. Health actors also expressed concern regarding the increased risk of waterborne disease among IDPs in these areas.

## Tanganyika Province

- Escalating intercommunal clashes and criminality in Tanganyika Province since July 2016 have generated widespread humanitarian needs, according to humanitarian actors. In early August, intercommunal fighting between the Luba and Twa ethnic groups in Tanganyika's Kalemie Territory resulted in at least 50 deaths, international media report. Between January and June, the UN reported approximately 179,000 new IDPs in the province, bringing the total IDP population to more than 557,000 people. Approximately half of IDPs in Tanganyika live in or near Kalemie town, according to Médecins Sans Frontières (MSF). MSF is providing emergency assistance to affected populations in the Kalemie area, and warns that critical water shortages and overcrowding in IDP settlements could lead to communicable disease outbreaks.
- A fire on August 9 displaced approximately 25,000 people and destroyed nearly half of the shelters in Kalemie's Katanyika IDP camp, the UN reports. On August 11, USAID/OFDA partner Catholic Relief Services (CRS) conducted a rapid assessment in Katanyika to identify humanitarian needs among affected households. In June, CRS provided emergency shelter kits—consisting of ropes, tarps, and tools—to approximately 2,350 IDP households and emergency relief commodities to more than 1,000 of the most vulnerable households in Katanyika. Two additional unrelated fires damaged or destroyed houses in nearby IDP settlements in recent weeks; in total, fires have affected an estimated 50,000 people in Kalemie, according to CRS. MSF notes that the risk of additional fires remains high due to the proximity of straw shelters in the IDP settlements, coupled with challenges in site management.

#### **FOOD SECURITY**

• Escalating and protracted conflict, particularly in central and eastern DRC, and widespread population displacement have disrupted livelihoods and strained the limited resources of vulnerable households, contributing to deteriorating food security conditions countrywide. An estimated 7.7 million people in DRC were experiencing acute food insecurity as of June 2017, a 30 percent increase compared to the 5.9 million acutely food-insecure people identified in June 2016, according to the IPC analysis released on August 14. Of the total food-insecure population, an estimated 1.5 million people were experiencing Emergency—IPC 4—levels of acute food insecurity, primarily in the Kasaï region, as well as in Ituri, Maniema, and Tanganyika provinces. The remaining 6.2 million people were experiencing Crisis—IPC 3—levels of acute food insecurity. In the Kasaï region, approximately 2.8 million people were experiencing Crisis- or Emergency-level food insecurity, comprising 36 percent of the countrywide food-insecure population and representing a 600 percent increase since June 2016. The USAID-funded Famine Early Warning Systems Network (FEWS NET) projects that most of the Kasaï region and Tanganyika will continue to experience Crisis-level food insecurity through January 2018. Other regions of central, southern, and eastern DRC will likely experience Stressed-level food insecurity between October 2017 and January 2018.

- USAID/FFP partner WFP provided emergency assistance, including food distributions and cash transfers for food to
  approximately 87,900 IDPs, in Tanganyika's Kalemie and Moba territories in July. In total, WFP provided more than
  500,600 people countrywide with food assistance in July. The UN agency has also reported facing a shortage of
  specialized nutrition products for interventions in Tanganyika after a vessel carrying 64 metric tons (MT) of corn soy
  blend capsized in Lake Tanganyika on August 10.
- To support emergency food production and restore livelihood activities for displaced and vulnerable communities in Tanganyika and Kasaï, USAID/OFDA recently provided the UN Food and Agriculture Organization (FAO) with \$500,000 to distribute agricultural tools and seeds.

#### **HEALTH AND SHELTER**

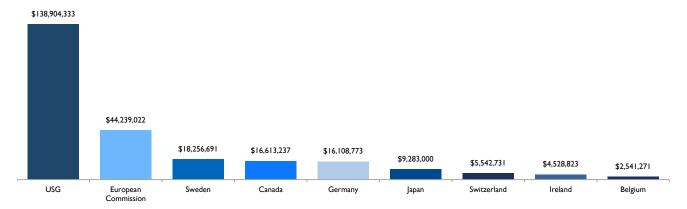
- On August 15–16, heavy rainfall in Ituri Province triggered landslides in Djugu Territory's Tora village and surrounding areas, resulting in more than 140 deaths, injuring at least six individuals, and damaging approximately 50 houses, according to the UN. As of August 22, local authorities and relief actors continued to assess humanitarian needs and support emergency response efforts, including search and rescue operations. The International Committee of the Red Cross (ICRC) is also supporting the Red Cross of DRC to conduct dead body management activities, the UN reports.
- Between January and mid-August, health actors recorded more than 19,300 suspected cases of cholera countrywide, including 490 related deaths—indicating a case fatality rate of 2.5 percent, exceeding the UN World Health Organization emergency threshold of 1 percent—the UN and Government of DRC (GoDRC) report. The number of new suspected cholera cases in 2017 represents a nearly 15.7 percent increase compared to the estimated 16,700 cases, including 460 related deaths, recorded during the same period in 2016. The weekly number of new reported cases remains high, with poor telecommunications infrastructure in some areas hindering surveillance and epidemiological data collection, according to the UN. Health actors are providing cholera treatment services at seven cholera treatment centers, five cholera treatment units, and 14 oral rehydration points across the country, but note that additional WASH interventions are required to adequately address the outbreak.
- In July–August, USAID/OFDA provided nearly \$8.5 million to NGO partners IMA World Health, International Medical Corps (IMC), International Rescue Committee (IRC), and Management Sciences for Health (MSH) to support health activities—including provision of primary and emergency health care, medical support for victims of gender-based violence, and rehabilitation of health clinics—for displaced, returnee, and other vulnerable populations in Kasaï region, North Kivu, and Tanganyika.

#### **OTHER HUMANITARIAN ASSISTANCE**

- State/PRM has provided \$6.2 million to date in FY 2017 in support of UNHCR's 2017 Supplementary Budget Appeal for the South Sudan Situation in DRC. As of July 31, more than 82,000 South Sudanese refugees were sheltering in DRC, the UN reports.
- As of late July, international donors had provided approximately \$16.8 million toward the humanitarian response in the
  Kasaï region representing 26 percent of the \$64.5 million identified in the late-April UN Flash Appeal. Despite recent
  pledges from the governments of the UK and the Netherlands of \$6 million and \$3 million, respectively, significant funding
  gaps remain.

# 2017 TOTAL HUMANITARIAN FUNDING\*

PER DONOR



\*Funding figures are as of August 25, 2017. 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 calendar year 2017, while USG figures are according to the USG and reflect USG commitments based on FY 2017, which began on October 1, 2016.

#### **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 6, 2016, U.S. Ambassador James C. Swan reissued a disaster declaration for the complex emergency in DRC for FY 2017.
- On May 4, U.S. Chargé d'Affaires, a.i., for DRC Robert E. Whitehead declared a humanitarian disaster in central DRC due to intensified fighting between FARDC and local militia, resulting in increased humanitarian needs in the Kasaï region.

#### USG HUMANITARIAN FUNDING FOR THE DRC RESPONSE IN FY 2017 <sup>1</sup>

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
USAID/OFDA <sup>2</sup>			
Agency for Technical Cooperation and Development (ACTED)	Logistics Support and Relief Commodities	South Kivu	\$1,308,288
Concern	Shelter and Settlements, WASH	Haut-Lomami, Tanganyika	\$1,548,346
CRS	Economic Recovery and Market Systems (ERMS), Logistics Support and Relief Commodities	Kasaï, Kasaï-Central, Kasaï-Oriental, Tanganyika	\$4,494,477
FAO	Agriculture and Food Security	Kasaï, Kasaï-Central, Kasaï-Oriental, Tanganyika	\$500,000
IMC	Health	North Kivu, Tanganyika	\$3,500,000
International NGO Safety Organization (INSO)	Humanitarian Coordination and Information Management	Kasaï, Kasaï-Central, Kasaï-Oriental, North Kivu, Sankuru, South Kivu, Tanganyika	\$465,942

IMA World Health	Health	Kasaï, Kasaï-Central	\$1,497,952
International Organization for Migration (IOM)	Humanitarian Coordination and Information Management, Shelter and Settlements, WASH	North Kivu, Tanganyika	\$1,672,472
IRC	Health	North Kivu, Tanganyika	\$2,104,958
MSH	Health	Kasaï-Central	\$1,364,263
Medair	Health	Ituri, North Kivu	\$2,500,000
Mercy Corps	WASH	North Kivu	\$2,000,000
ОСНА	Humanitarian Coordination and Information Management	Countrywide	\$1,000,000
Oxfam/GB	WASH	Haut-Katanga, Haut-Lomami, Ituri, North Kivu, South Kivu, Tanganyika	\$3,500,000
Samaritan's Purse	Agriculture and Food Insecurity, Logistics Support and Relief Commodities	Ituri, North Kivu	\$2,820,039
SC/US	Health	Kasaï-Oriental, Lomami, North Kivu	\$3,377,028
UNHAS	Logistics Support and Relief Commodities	Countrywide	\$5,700,000
UNICEF	Logistics Support and Relief Commodities, Protection, WASH	Kasaï, Kasaï-Central, Kasaï-Oriental, Sankuru	\$4,200,000
	Logistics Support and Relief Commodities, Protection, WASH	Countrywide	\$2,500,000
Welthungerhilfe (WHH)	Agriculture and Food Security	North Kivu	\$853,439
	Program Support Costs		\$499,810
TOTAL USAID/OFDA FUNDIN	IG		\$47,424,732

USAID/FFP <sup>3</sup>			
UNICEF	Operational Support	Countrywide	\$81,226
WFP Assista	100 Metric Tons (MT) of High-Energy Biscuits	Countrywide	\$264,038
	15,590 MT of In-Kind Emergency Food Assistance	Eastern DRC	\$29,699,421
	13,026 MT of Locally and Regionally Procured Emergency Food Assistance	Eastern DRC	\$24,759,916
TOTAL USAID/FFP FUNDING			\$54,804,601

STATE/PRM <sup>4</sup>			
ICRC	Protection and Assistance for IDPs and Conflict Victims	Countrywide	\$7,800,000
Première Urgence	Livelihoods, Peacebuilding, and Gender-Based Violence Response	Sud-Ubangi	\$1,500,000
UNHCR	Global Appeal for Refugees and IDPs in DRC	Countrywide	\$20,200,000
	Supplementary Appeal in Response to South Sudan Situation	Countrywide	\$6,200,000
UNHAS	Logistics Support and Relief Commodities	Countrywide	\$975,000
TOTAL USAID/PRM FUND	ING		\$36,675,000
TOTAL USG HUMANITARIAN FUNDING FOR THE DRC RESPONSE IN FY 2017			\$138,904,333

#### **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 <a href="https://www.interaction.org">www.interaction.org</a>.

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.

<sup>&</sup>lt;sup>1</sup> Year of funding indicates the date of commitment or obligation, not appropriation, of funds. Funding figures reflect publicly announced funding as of August 25, 2017.

<sup>&</sup>lt;sup>2</sup>USAID/OFDA funding represents anticipated or actual obligated amounts as of August 25, 2017.

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

<sup>&</sup>lt;sup>4</sup>PRM funding benefits populations of concern inside the DRC, including Burundi, CAR, and South Sudanese refugees. This amount does not include PRM funding for Congolese refugees in neighboring countries.