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**BUREAU FOR DEMOCRACY, CONFLICT, AND HUMANITARIAN ASSISTANCE (DCHA)
OFFICE OF U.S. FOREIGN DISASTER ASSISTANCE (OFDA)**

Democratic Republic of the Congo – Complex Emergency

Fact Sheet #5, Fiscal Year (FY) 2010

September 22, 2010

Note: The last fact sheet was dated July 12, 2010.

KEY DEVELOPMENTS

- High levels of insecurity attributed to attacks by the Democratic Forces for the Liberation of Rwanda (FDLR) and Mai Mai combatants, as well as fighting between the Armed Forces of the DRC (FARDC) and Allied Democratic Forces-National Army for the Liberation of Uganda (ADF/NALU), continue to result in population displacement in North Kivu Province, according to the U.N. Office for the Coordination of Humanitarian Affairs (OCHA). As of August 31, approximately 890,000 of the more than 1.9 million internally displaced persons (IDPs) in the Democratic Republic of the Congo (DRC) resided in North Kivu Province. Violence and population displacement also extend into South Kivu Province.
- Attacks by the Lord’s Resistance Army (LRA) and other armed groups continue to result in displacement and disruptions to normal livelihood activities in affected areas of Orientale Province. Violence in northern North Kivu Province continues to prompt displacement to Ituri District, Orientale Province, while attacks by the LRA that commenced in the Central African Republic (CAR) in January 2010 have caused affected populations to seek refuge in Bas-Uélé District, Orientale Province. As of August 24, the Office of the U.N. High Commissioner for Refugees (UNHCR) estimated that 1,500 refugees from CAR resided in and around Baye town, Bondo Territory, Bas-Uélé District.
- USAID/OFDA intends to mitigate the impact of conflict on populations in eastern DRC through the distribution of emergency relief commodities, provision of basic health care services, and support for livelihood activities to address household food insecurity. USAID/OFDA emphasizes humanitarian protection as a critical aspect of emergency services, including through direct support for child-family reunification initiatives, as well as medical and psychosocial programs for victims of sexual and gender-based violence (SGBV). In FY 2010, USAID/OFDA provided more than \$26 million of the approximately \$827 million required for humanitarian assistance activities in the DRC in 2010, as calculated by the U.N. Humanitarian Action Plan. In FY 2010, USAID/OFDA programs benefited up to 4.4 million people, including IDPs, host communities, and other affected populations.

NUMBERS AT A GLANCE		SOURCE
Total IDPs in the DRC	1,977,012	OCHA – August 31, 2010
In North Kivu Province	894,129	OCHA – August 31, 2010
In South Kivu Province	648,380	OCHA – August 31, 2010
In Orientale Province	383,090	OCHA – August 31, 2010
In Katanga Province	18,651	OCHA – August 31, 2010
In Equateur Province	32,762	OCHA – August 31, 2010
Total DRC Refugees in Africa	441,448	UNHCR – August 31, 2010

FY 2010 HUMANITARIAN FUNDING PROVIDED TO DATE

USAID/OFDA Assistance to the DRC \$26,570,008
USAID/FFP¹ Assistance to the DRC..... \$85,699,300
State/PRM² Assistance to the DRC..... \$36,444,473
Total USAID and State Humanitarian Assistance to the DRC \$148,713,781

CONTEXT

- Since 1998, regional armed conflict has resulted in death and displacement in eastern DRC. Indirect consequences of fighting, such as disease, malnutrition, and neonatal- and pregnancy-related complications, continue to cause the majority of deaths. In FY 2010, U.N. and non-governmental organization (NGO) staff reported an increased incidence of SGBV, as well as continued clashes between armed opposition groups and government forces that resulted in displacement, particularly in North Kivu and South Kivu provinces. In addition, LRA activity that increased significantly in the DRC in 2008 continues to impact populations in Orientale Province.

¹ USAID’s Office of Food for Peace (USAID/FFP)

² U.S. Department of State’s Bureau of Population, Refugees, and Migration (State/PRM)

- Restricted humanitarian access, poor infrastructure, forced child recruitment into armed groups, ongoing violence, and reduced access to agricultural land and traditional markets have contributed to a deterioration of humanitarian conditions in the DRC. In FY 2010, attacks on NGO and U.N. staff significantly hindered response efforts. Between January 1 and September 6, 2010, armed combatants seized assets from nearly 140 humanitarian staff in North Kivu and South Kivu provinces, according to OCHA.
- In response to ongoing humanitarian needs, on October 7, 2009, U.S. Chargé d’Affaires Samuel Brock renewed the disaster declaration for the complex emergency in the DRC for FY 2010.

Displacement, Insecurity, and Humanitarian Access – North Kivu Province

- In North Kivu Province, military operations and attacks by armed opposition groups on civilians and humanitarian staff continued to result in displacement, impede population returns, and hinder humanitarian access, according to OCHA.
- On July 22, the FARDC launched an offensive against ADF/NALU combatants in Beni Territory. As of July 30, fighting had displaced an estimated 65,000 people within the territory, according to NGOs working in the area. Persistent insecurity in the region continues to limit humanitarian access and discourage repatriation.
- From July 30 to August 3, FDLR and Mai Mai combatants attacked Luvungi town in Walikale Territory, North Kivu Province, raping nearly 300 women, including an estimated 28 minors, according to humanitarian agencies. The U.N. reported that opposition forces, as well as members of the FARDC, raped a total of approximately 500 people in July and August in eastern DRC.
- As of September 3, deteriorating road conditions, due to the onset of the rainy season, between Bunyatenge and Bingi towns in Lubero Territory, North Kivu Province, prevented humanitarian agencies from accessing more than 8,500 people returning to areas of origin, as well as approximately 300 IDPs residing in Bunyatenge town, according to OCHA.
- Despite a fluid security situation, USAID/OFDA supports programs in North Kivu Province that intend to improve access to and quality of emergency health care, including psychosocial and medical support to victims of SGBV. USAID/OFDA programs are also designed to improve nutritional practices, bolster livelihoods through cash-for-work projects, restart and improve agricultural activities, build sustainable water infrastructure, and enhance humanitarian access and communication systems. Moreover, USAID/OFDA provides emergency shelter, relief supplies, and water and sanitation services to displaced, returnee, and other affected populations. In total, interventions benefit up to 1.2 million conflict-affected people in North Kivu Province.

Displacement, Insecurity, and Humanitarian Access – South Kivu Province

- August military operations conducted by the FARDC against FDLR and Mai Mai forces in Fizi and Itombwe territories contributed to displacement and prevented the timely implementation of humanitarian assistance activities, according to OCHA.
- Between July 14 and August 29, improved security in Uvira Territory facilitated the return of nearly 7,000 individuals residing in Kihuha, Masango, and Rubibi towns to areas of origin in and around Magunda town, as reported by OCHA.
- FDLR attacks in Shabunda Territory between August 2 and 13 resulted in the displacement of more than 38,000 people within the territory as of August 31, according to OCHA. This figure does not include an estimated 50 to 60 percent of the displaced population hiding in the forest. Humanitarian agencies conducted an assessment of humanitarian needs and are providing relief supplies and emergency interventions to displaced populations. As of September 6, humanitarian organizations reported the destruction of approximately 1,200 houses and an estimated 300 SGBV cases.
- Insecurity continues to impede humanitarian access to Shabunda Territory, according to OCHA. As a result, agencies are accessing displaced populations by air, which is costly, or by alternate road routes, many of which require repair. Many roads are unable to accommodate trucks transporting large quantities of emergency relief commodities.
- USAID/OFDA supports agriculture and food security interventions, as well as the provision of emergency shelter material and essential household items, benefiting up to 880,000 IDPs, returnees, and other affected populations in South Kivu Province.

Displacement, Insecurity, and Humanitarian Access – Orientale Province

- As of August 29, UNHCR had relocated approximately 1,500 refugees from CAR residing in Baye town, Bondo Territory, Bas-Uélé District, to a newly constructed camp in Kpala-Kpala town in Bondo Territory. The refugees fled CAR between March and May due to LRA attacks.
- Populations in Haut-Uélé and Bas-Uélé districts continue to require increased humanitarian assistance, particularly the provision of health care services and safe drinking water. However, insecurity and the isolated location of

some communities continue to limit humanitarian access. Moreover, populations affected by LRA require increased civilian protection in addition to humanitarian assistance.

- USAID/OFDA programs in Orientale Province benefit conflict-affected populations, including populations affected by the LRA. Where security permits, USAID/OFDA interventions in LRA-affected areas intend to restore livelihoods by replacing tools and seeds to increase agricultural production, as well as by offering cash-for-work opportunities that concurrently enhance water and sanitation infrastructure. In addition, psychosocial programs provide tailored support to conflict-affected children. USAID/OFDA programs in Orientale Province benefit up to 1.2 million IDPs, returnees, and host community members.

Flooding

- Above-normal rains beginning in July resulted in floods in Basankusu Territory, Equateur Province. As of August 18, floods had destroyed eight bridges, agricultural fields, and an estimated 280 houses, according to international media sources. In response, humanitarian agencies distributed relief supplies, including blankets and mosquito nets, as well as emergency food assistance to flood-affected populations, according to OCHA. As of September 15, the U.N. Children’s Fund (UNICEF) continued plans to provide additional support for relief supply distribution and water, sanitation, and hygiene (WASH) interventions.

Health

- Between August 13 and September 5, humanitarian agencies reported more than 400 cases of cholera, including eight deaths, in Shabunda Territory, South Kivu Province. In response, Médecins Sans Frontières established a cholera treatment center in Shabunda town, and Catholic Relief Services (CRS), in collaboration with the Government of the DRC regional health department, is establishing additional centers in Tshombi and Kipulu towns.
- USAID/OFDA health interventions benefit up to 1 million people in Ituri, North Kivu, and Orientale provinces. Programs provide emergency primary and reproductive health care services to IDPs and host populations, as well as nutrition counseling and services specific to people affected by SGBV.

USAID AND STATE HUMANITARIAN ASSISTANCE TO THE DRC IN FY 2010

FY 2010			
<i>Implementing Partner</i>	<i>Activity</i>	<i>Location</i>	<i>Amount</i>
USAID/OFDA ASSISTANCE¹			
Action Against Hunger/USA (AAH/USA)	Agriculture and Food Security	Orientale and South Kivu Provinces	\$1,125,000
Concern	Agriculture and Food Security, Economic Recovery and Market Systems, and Logistics and Relief Commodities	North Kivu Province	\$878,029
CRS	Agriculture and Food Security	Orientale Province	\$1,406,040
International Medical Corps (IMC)	Health, Nutrition, and Protection	North Kivu Province	\$2,299,686
International Rescue Committee (IRC)	Health	North Kivu Province	\$550,000
Medair	Health	Orientale Province	\$1,005,390
Merlin	Health, Nutrition, and Protection	North Kivu Province	\$2,753,539
Mercy Corps	Economic Recovery and Market Systems and WASH	North Kivu and Orientale Provinces	\$2,830,892
OCHA	Humanitarian Coordination and Information Management	Countrywide	\$500,000
Première Urgence	Agriculture and Food Security and Economic Recovery and Market Systems	North Kivu and Orientale Provinces	\$3,145,225
Save the Children/U.K. (SCF/UK)	Health	North Kivu Province	\$800,000
Samaritan's Purse	WASH	Orientale Province	\$604,923
Solidarités	WASH	North Kivu Province	\$700,000
UNICEF	Protection and Logistics and Relief Commodities	North Kivu, Orientale, and South Kivu Provinces	\$3,250,070
U.N. World Food Program (WFP)	Logistics and Relief Commodities	Countrywide	\$1,000,000

Welthungerhilfe (WHH)	Agriculture and Food Security and Economic Recovery and Market Systems	North Kivu Province	\$1,499,941
World Relief International (WRI)	Agriculture and Food Security	North Kivu Province	\$587,311
	Program Support Costs	Countrywide	\$1,633,962
TOTAL USAID/OFDA			\$26,570,008
USAID/FFP ASSISTANCE²			
WFP	9,840 MT of P.L. 480 Title II Emergency Food Assistance for Emergency Operations	Orientale Province	\$18,923,900
WFP	49,440 MT of P.L. 480 Title II Emergency Food Assistance for Protracted Relief and Recovery Operations	Equateur, Katanga, Maniema, North Kivu, Orientale, and South Kivu Provinces	\$66,775,400
TOTAL USAID/FFP			\$85,699,300
STATE/PRM ASSISTANCE³			
Adventist Development and Relief Agency (ADRA)	Refugee Return and Integration	South Kivu Province	\$1,097,021
Agency for Technical Cooperation and Development (ACTED)	WASH in Areas of Refugee Return	Katanga Province	\$800,000
Center for Victims of Torture (CVT)	Psychosocial and SGBV Support in Areas of Return	Katanga Province	\$1,008,391
Food for the Hungry (FH)	Health, Nutrition, and WASH in Areas of Return	Katanga Province	\$790,051
Jesuit Refugee Services (JRS)	Education in Areas of Refugee Return	Katanga Province	\$613,709
IMC	Health in Areas of Refugee Return	South Kivu Province	\$341,539
International Committee of the Red Cross (ICRC)	Economic Recovery and Market Systems, Health, Logistics and Relief Commodities, and Protection	Equateur, Katanga, North Kivu, Orientale, and South Kivu Provinces	\$13,000,000
Tearfund	WASH in Areas of Refugee Return	South Kivu Province	\$993,762
UNHCR	Civilian Protection, Refugee Return and Integration, and Refugee Support	Equateur, Katanga, North Kivu, Orientale, and South Kivu Provinces	\$17,300,000
WFP	Food Assistance	Countrywide	\$500,000
TOTAL STATE/PRM HUMANITARIAN ASSISTANCE IN FY 2010			\$36,444,473
TOTAL USAID AND STATE HUMANITARIAN ASSISTANCE TO THE DRC IN FY 2010			\$148,713,781

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¹ USAID/OFDA funding represents anticipated or actual obligated amounts as of September 22, 2010.

² Estimated value of food assistance.

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. Information on organizations responding to the humanitarian situation in the DRC may be available at www.reliefweb.int.
- 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, warehouse space, etc); 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: www.usaid.gov – Keyword: Donations
 - The Center for International Disaster Information: www.cidi.org or (703) 276-1914
 - Information on relief activities of the humanitarian community can be found at www.reliefweb.int