



IOM-coordinated displacement site in Katsiru, North-Kivu.
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SITUATION OVERVIEW

The humanitarian situation in the Democratic Republic of Congo (DRC) has deteriorated at an alarming rate over the past 12 months. Since the end of 2016, the country has experienced an increase in armed conflict following the spike of violence in the Kasai and Tanganyika provinces and the continued armed clashes and attacks in North and South-Kivu. As a result, an estimated 4.1 million individuals are currently displaced—the highest number of any country on the African continent. As emergency needs grew over the past year, global humanitarian financing dynamics led to a decrease in humanitarian funding for the DRC, down to the lowest level in years. In order to mobilize the necessary funds and capacities to address rapidly increasing needs, a Level 3 Response for the crises in the Kasais, Tanganyika and South Kivu provinces was activated in October 2017.

In human terms, the crisis is compounded by deepening levels of vulnerability, adding to the burden of epidemics—such as measles and cholera outbreaks—malnutrition and food insecurity. Children, young men, women and ethnic minorities are among the hardest-hit by the violence over the past year. People forced into displacement and those returning to burnt villages face intense levels of vulnerability and are in urgent need of multi-sectoral assistance, particularly in the sectors of protection (Gender Based Violence -GBV), access to water, sanitation and hygiene (WASH), shelters, education, food security and health services.

Looking ahead to 2018, humanitarian partners estimate that 13.1 million Congolese will require humanitarian assistance and protection as a result of heightened violence in a number of OCHA identified hotspots across the country. Despite limited resources, IOM and other aid actors have had to scale up their operations in new areas, such as the Kasais and Tanganyika, while maintaining their assistance in the areas of traditional humanitarian needs, such as North-Kivu. The broader political and security context also contributes to a challenging operating environment for partners working to meet needs across the second largest country in Africa holding the largest displacement caseload.

4.49 million

INTERNALLY DISPLACED PEOPLE

13.1 million

PEOPLE IN NEED

IOM APPEAL (USD)

(1 January - 31 December 2018)



Camp Coordination
and Camp Management
(CCCM)

12 M



Displacement Tracking

5 M



Shelter and NFI

35 M



Protection (GBV)

3 M



WASH

10 M



Health

10 M

TOTAL

75 M



CAMP COORDINATION AND CAMP MANAGEMENT (CCCM)

More than 20 per cent of the total population in the Tanganyika province is currently displaced, with 47 per cent of the movements registered in the Kalemie territory. Around the urban center of Kalemie, thousands of people remain displaced in 12 spontaneous sites and among host communities. While the humanitarian needs are immense, a balance between assistance provided to these displaced populations and the support given to the host communities needs to be addressed in order to mitigate growing tensions. Even though the CCCM working group (WG) is not yet activated in Tanganyika, IOM aims to continue its advocacy work with the provincial government in order to allow for the immediate improvement of living conditions for populations without alternatives in the sites and the provision of life-saving assistance that may arise in the WASH, shelter, Non-Food Items (NFI), protection and education sectors. Targeted beneficiaries in this province amount to approximately 50,000 IDPs.

Similar dynamics are in play in North-Kivu, where an increase in armed clashes and attacks over the past year have caused new population movements and the creation of at least six new spontaneous sites hosting approximately 20,000 IDPs. In response to the increasing displacement flows within the province over the past years, the provincial CCCM WG was established. In North-Kivu, the CCCM WG is co-led by IOM and UNHCR, in collaboration with the governmental counterpart, the National Commission for Refugees (CNR). It currently coordinates and manages 28 displacement sites. Through its site management activities, IOM works to ensure that basic minimum living standards are met within the 13 displacement sites under its responsibility, which currently host approximately 43,000 IDPs. Coordination of activities within the 13 sites is ensured by IOM and includes monitoring arrivals and departures, site planning activities, identifying sectoral gaps, reinforcing capacities of IDP committees, site managers and the CNR, supporting community-based protection mechanisms and site closing activities when relevant. With the growing challenge for humanitarian actors to mobilize resources to intervene in the displacement sites, the majority of sectoral gaps (WASH, shelter, NFIs, protection, education) remain unmet.

In 2018, IOM aims to increase its capacity to respond to the sectoral needs in the displacement sites, new spontaneous sites and host communities that appeared during the past year in North-Kivu and Tanganyika. While the government is advocating for the closure of all sites in 2018, the current security situation in the majority of return areas remains unstable in both provinces and will not allow all IDPs to return safely to their homes. Alternative solutions will need to be explored jointly by the CCCM WG in coordination with the Protection cluster.

Funding required

\$12,000,000

Target no. of individuals

150,000



DISPLACEMENT TRACKING

In order to target assistance based on mobility dynamics, IOM aims to continue implementing different components of its *Displacement Tracking Matrix* (DTM) in the North-Kivu, Kasai and Tanganyika provinces. The DTM will regularly monitor and track population movements and their mobility-induced evolving needs to inform a timely and more targeted response and programming. Results of the data collection exercises conducted in the spontaneous displacement sites in Kalemie, Tanganyika in September 2017 provided the humanitarian community and the provincial government with baseline information on the profile and needs of the displaced populations. Notwithstanding the challenging political climate in Tanganyika, IOM's interventions triggered the provision of more coherent, targeted and life-saving assistance by humanitarian actors.

Direct requests from OCHA, UNHCR as well as from other aid organizations to contribute to the lack of accurate information on displaced populations and movements prompts IOM to extend the implementation of the DTM to the whole Tanganyika province, to North-Kivu and to the five crisis-affected provinces in the Kasais. There are approximately 1 million IDPs in North-Kivu, 654,000 IDPs in Tanganyika and 762,000 IDPs in the Kasais.

Currently, IOM conducts registration activities at the individual level on a regular basis in all of its displacement sites in North-Kivu. In 2018, IOM intends to expand its information management activities to cover not only displacement sites but also host communities. Considering the fact that more than 80 per cent of the displaced population in North-Kivu resides within host communities, the data collected through the implementation of the DTM will provide the humanitarian community with a comprehensive picture on the number, profile and needs of the conflict-affected populations. The same approach will be applied in the Tanganyika province as well as in the Kasais. Even though physical and security constraints limit access to all areas of displacements, IOM will continue to work in close collaboration with local authorities and community leaders in order to collect accurate and sufficient data and mitigate non-cooperation. Data collected in the field will be analyzed, presented in comprehensive reports and shared with the humanitarian community to inform strategic decision-taking at sector and cluster levels.

Funding required

\$5,000,000

Target no. of individuals

2,416,000





SHELTER AND NON-FOOD ITEMS (NFI)

Shelter conditions for displaced populations are severely affected by the lack of resources and high mobility dynamics. Provision of shelter assistance and NFI is a critical, life-saving intervention essential to support minimum dignified living conditions, lower incidence of health issues, and reduce protection problems related to sexual and gender based violence (SGBV). IOM aims to contribute to the shelter cluster efforts, both in emergency displacement situations and in return areas when and where it is safe and relevant to do so.

In the provinces of North Kivu and Tanganyika, IOM will conduct regular needs assessments to assess shelter and household needs in its coordinated displacement sites, in spontaneous sites as well as in host communities. The most vulnerable IDPs in the sites and host communities will be targeted and provided with emergency shelter and NFI kits, conditional cash, and collective center repair and upgrade where it is relevant. This will be carried out in prior coordination with the Shelter WG of the Shelter/NFI cluster in order to prevent duplication or gaps in service delivery. As IOM's shelter and NFI response is context dependent, kits may vary depending on the needs of the affected population. A standard emergency shelter kit includes tarpaulin, poles, ropes and tools while the NFI kit includes a kitchen set, blankets and clothes, among other items. In order to improve the resilience and capacities of the displaced populations, IOM will provide technical support and capacity-building trainings on how to best use materials, and how to improve, repair and maintain shelters. Conditional cash will be considered for some community targeted households living with host families.

In the current site closures framework, IOM aims to provide returnees with a transitional shelter kit, or where access allows to provide additional support in shelter repair and construction. In 2017, a total of twelve displacement sites were closed and this trend is set to continue in 2018. However, only the most vulnerable returnees were provided with a reintegration kit due to a lack of resources. In Tanganyika, the majority of the displaced populations currently residing in the spontaneous sites around Kalemie have expressed their wish to return to their area of origin in 2018, even though assessments have shown that most of their villages have been burnt down. They will need to be provided with shelter solutions, materials and targeted support in construction.

Post-shelter intervention monitoring exercises will follow shelter and NFI distributions to enable IOM to measure the appropriateness of the items distributed and the likely protection risks encountered during and after the distributions.

Funding required

\$35,000,000

Target no. of
individuals

1,100,000



PROTECTION

IOM currently provides protection assistance to affected populations in displacement sites in Eastern DRC. In North-Kivu, violent clashes between armed groups and counter efforts to neutralize them caused the displacement of more than 442,000 individuals in 2017 alone who have been confronted with human rights abuses and gender based violence. Through its active participation in the Protection cluster, in 2018, IOM will promote and contribute to a mapping and joint conflict analysis on areas of origin of IDPs in displacement sites both in North-Kivu and Tanganyika. This will support and guide the humanitarian community's positioning on solutions/relocation/returns within the government's announced site closure strategy for 2018.

In response to the increasing protection risks, in 2018, IOM aims to focus its interventions on supporting referral mechanisms, child protection, prevention and response to (S)GBV, protection monitoring and the strengthening of protection committees in displacement sites and areas of return. According to OCHA, 4.7 million girls and women will be exposed to GBV in crisis-affected areas in 2018. As a preventive measure, IOM thus aims to conduct awareness raising sessions on GBV in its coordinated displacement sites through focus group discussions and mass sensitization campaigns. IOM recognizes the fact that men and boys are potential actors of change and aims for their engagement in awareness raising activities on GBV. IOM will also refer survivors of GBV to medical and psychosocial support and provide survivors with Income Generating Activities (IGAs).

Taking into consideration the fact that children and youth are among one of the groups most affected by the ongoing crisis in Eastern DRC, IOM aims to work in close collaboration with national authorities in order to conduct Identification, Documentation, Tracing and Reunification (IDTR) of Separated and Unaccompanied Children (UASC) in displacement sites and when possible in areas to return. Protection committees, host communities, national authorities and civil society will be trained on children's rights and on child protection. Additionally, IOM aims to identify children out of school and provide them with formal or informal school support or vocational training, in coordination with the Education cluster.

Funding required

\$3,000,000

Target no. of
individuals

365,000





WASH

It is estimated that over 13.1 million people will require access to safe drinking water, sanitation and hygiene in 2018. Furthermore, the highest cholera peak in over a decade was recorded in DRC in 2017. Lack of access to clean and safe drinking water, adequate sanitation facilities and good hygiene practices among the displaced communities in Tanganyika has directly contributed to the significant resurgence of cholera during the year, which is currently affecting five out of the six territories in the province.

IOM aims to continue responding to the WASH needs in its coordinated displacement sites, in spontaneous sites in North Kivu and Tanganyika and in areas of return through the construction and rehabilitation of WASH infrastructure (including sanitary blocks comprised of latrines and showers) and waste management infrastructure. Considering the significant gaps in assistance provided in both provinces, these sectoral interventions are necessary in order to decrease the risk of waterborne diseases as well as to ensure that the WASH infrastructure meets to local CCCM and Sphere indicators. Additionally, WASH infrastructure in displacement sites are often damaged by bad weather conditions, poor maintenance and over-use and thus require replacement or rehabilitation on a frequent basis. In addition, there is a need to prioritize access to safe and clean drinking water through the distribution of aqua-tabs. WASH infrastructure which take into account gender and vulnerability criteria in displacement sites and in areas of return can reduce and prevent GBV and other protection concerns. IOM aims to involve IDP committees in the planning and construction of WASH facilities maximizes the safety, privacy and dignity of women, boys and girls.

To build on the resilience and capacities of the displaced populations, IOM intends to support/establish WASH committees in its displacement sites in North Kivu and Tanganyika as well as in communities of return. Mass sensitization campaigns on hygiene promotion and good practices—such as hand washing—as well as focus groups will be organized on a regular basis in all displacement sites and will be coordinated with other relevant agencies and clusters to create synergies. Hygiene kits will be distributed to all sectoral IDP committees in sites and in host communities.

Funding required

\$10,000,000

Target no. of
individuals

870,000



HEALTH

As is stated above, over the past year, measles and cholera outbreaks in identified hotspots in DRC were recurrent and have taken a significant toll on human lives. Risks of further disease transmission, including malaria and waterborne diseases, remain high in light of the upcoming rainy season. This combined with the expected further displacements, the existing weak health system, ongoing conflicts and access constraints increases the risk of disease outbreaks and ill health. In 2017, several outbreaks occurred in IOM's intervention areas in North Kivu and Tanganyika. IOM intends to combine a health and WASH response in order to reduce the risks of further outbreaks of epidemic-prone diseases in established and spontaneous sites and when possible in areas of return.

Taking into consideration the fact that IDPs are often unable to access health facilities, IOM will establish mobile medical teams to provide lifesaving primary health care services to internally displaced populations and host communities. In addition to the provision of direct health services, IOM will also conduct outreach activities in these communities, providing health education on topics such as good hygiene and sanitation practices for disease prevention as well as building awareness of good health seeking behaviors. Awareness raising messages will be harmonized with those of the WASH team in order to ensure consistent and effective sensitization efforts for disease prevention and reduction of ill health. IOM will also rehabilitate damaged or destroyed health facilities in order to ensure basic functionality of the clinic and will contribute to improving the existing medical referral mechanisms to ensure that displaced populations have access to basic health care services.

Humanitarian crises such as the one in DRC are known to put considerable psychological and social stress on individuals as normal and traditional community structures such as extended family systems and informal community networks break down when mass displacement occurs. In 2018, IOM aims to conduct mental health and psychosocial support needs assessments in its areas of intervention in North-Kivu and Tanganyika. Based on these results, an IOM mobile team of experts will be deployed to targeted areas in order to provide psychosocial assistance to beneficiaries. This will include lay counselling to provide basic emotional support, recreational activities, SGBV sensitization and identification and referral of such cases. IOM will provide trainings to IDP committees on Psychological First Aid. IOM will seek to support livelihood activities in targeted displacement sites and host communities in order to promote positive coping mechanisms and resilience skills among displaced persons and host communities. During implementation of these activities, persons of concern will be actively involved in key-decision making-processes that directly impact them and a two-way communication mechanism will be promoted in order to ensure transparency.

Funding required

\$10,000,000

Target no. of
individuals

550,000



SUMMARY OF IOM PROJECTS WITHIN THE APPEAL

BENEFICIARIES	SECTOR	LOCATIONS	TOTAL REQUESTED AMOUNT (USD)
150,000 IDPs	CCCM	North-Kivu and Tanganyika	12,000,000
2,416,000 IDPs	Displacement Tracking	North-Kivu, Tanganyika, Kasais	5,000,000
1,100,000 IDPs	Shelter and NFI	North-Kivu and Tanganyika	35,000,000
365,000 IDPs	Protection (GBV)	North-Kivu and Tanganyika	3,000,000
870,000 IDPs	WASH	North-Kivu and Tanganyika	10,000,000
550,000 IDPs	Health	North-Kivu and Tanganyika	10,000,000
TOTAL APPEAL			75,000,000

All interventions proposed in this appeal are in line with the “DR Congo” 2017-2019 Humanitarian Response Plan which breaks with past approaches to align with strategic development plans of the State, the United Nations system, the World Bank and other bilateral partners.



IOM-COORDINATED DISPLACEMENT SITE, NORTH-KIVU
© IOM SEPTEMBER 2017 (C.JIMBU)



REHABILITATION OF A WATER SUPPLY NETWORK, NORTH-KIVU
© IOM MAY 2017 (C.FRISONE)



DATA COLLECTION ACTIVITY IN IOM-COORDINATED SITE
© IOM OCTOBER 2017 (C. JIMBU)

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