

DRC

Conflict and displacement in Nord Kivu and Ituri

Since 1 May, attacks and clashes between armed groups and Congolese security forces triggered the displacement of more than 12,000 people in Nord Kivu and Ituri provinces in eastern DRC. Although exact numbers and humanitarian needs of newly displaced people are unknown, they add to more than 100,000 people who were displaced in Nord Kivu in April. Food, WASH, health, protection and shelter are reported as imminent needs of displaced people, who currently rely on host communities to meet their most basic needs.

NEED FOR INTERNATIONAL ASSISTANCE



IMPACT



Anticipated scope and scale

Attacks by armed groups, particularly the Allied Democratic Forces (ADF), have **increased in frequency in recent months** and are likely to **trigger more displacement and drive humanitarian needs** in Nord Kivu and Ituri province. The **lack of humanitarian assistance** is likely to push displaced communities to prematurely return to areas of origin, despite persistent protection concerns.

Displacement in Ebola-affected territories could facilitate spreading of the disease. IDPs resorting to **informal crossings to Uganda**, without screening, increase the risk of Ebola spreading to neighbouring countries.

Key priorities



+12,000
people displaced



WASH
assistance to prevent spread of diseases



Food & livelihoods
assistance for displaced people

Humanitarian constraints



Humanitarian access can be challenging in eastern DRC due to the volatile security situation, remoteness, and poor condition of roads. The ongoing rainy season and an increase of attacks by the armed group ADF since December likely further hampers access.

Limitations

Detailed and reliable information on security incidents and internal displacement is scarce in conflict-affected Nord Kivu. Local media provide only fragmented insight into local security incidents in the provinces heavily affected by conflict. Displacement in eastern DRC is often extremely short-lived and localised, which means there is only limited timely information on locations and needs of displaced communities. Remoteness and severe access constraints aggravate the situation.

Crisis impact

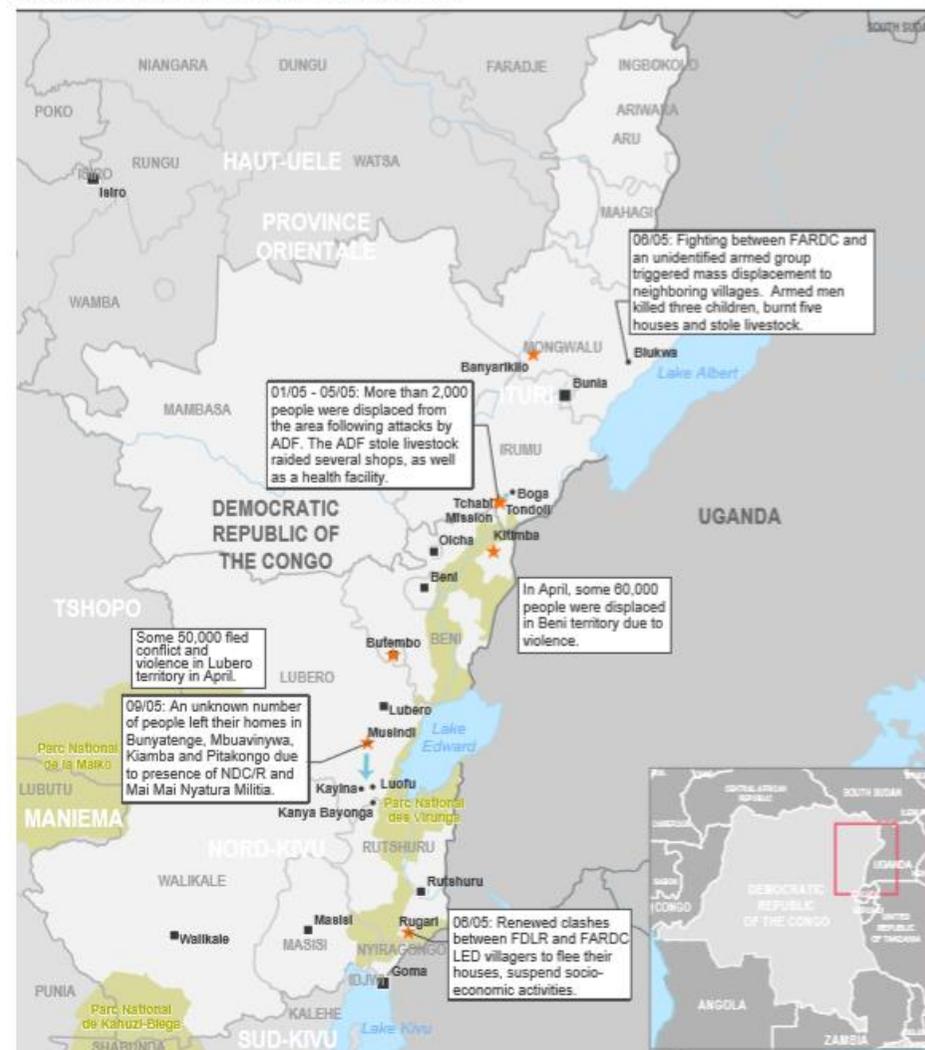
Since 1 May, active conflict sparking the displacement of several thousand people has been reported from Ituri and Nord Kivu, provinces currently heavily affected by the Ebola outbreak. Some 12,000 people have been displaced from Tchabi (Ituri) and Kainama (Nord Kivu) villages to Boga region in Ituri, following attacks by the Allied Democratic Forces (ADF) on 1 and 2 May (OCHA 07/05/2019). Several shops and one health facility were looted and around 30 people were abducted (Radio Okapi 01/05/2019; Radio Okapi 05/05/2019). In the following days, other villages in the area, Batonga, Mulango and Nyalikanga, reported the destruction of houses, looting of shops and abduction of some 20 people by the ADF (OCHA 07/05/2019; Radio Okapi 05/05/2019). An additional, unknown number of villagers were displaced towards Boga. Return movements have started, though slowly, despite security concerns (OCHA 07/05/2019).

The displacement of an unconfirmed number of people has also been reported from Rugari in Rutshuru territory in the south of Nord Kivu province, following clashes between an unidentified armed group and the FARDC on 6 May (Radio Okapi 07/05/2019; Bunia Actualite 07/05/2019). In the neighbouring Lubero territory, Nord Kivu, increased militia presence, thought to be Nduma Defence of Congo/Rénové de Guidon (NDC/R) and Mai Mai Nyatura militia, triggered the displacement from various locations in the Musindi settlement towards neighbouring villages, Luofu, Kayina, Kanya Bayonga, on 9 May (Radio Okapi 09/05/2019).

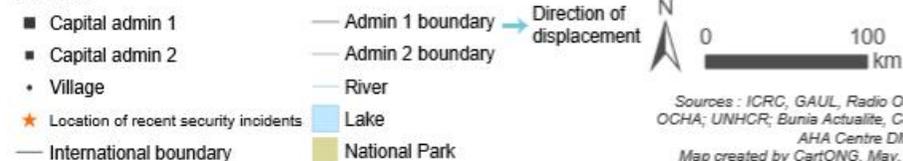
These waves of displacement add to more than 100,000 people who were displaced in Nord Kivu in April, due to intense fighting between non-state armed groups and government forces. 60,000 people were estimated to have been displaced in Beni territory, Nord Kivu, alone, following attacks on civilians since 30 March (UNHCR 03/05/2019; Radio Okapi 03/05/2019; Radio Okapi 04/05/2019). Displaced populations are mostly staying with host families, while the remaining found shelter in public buildings such as schools and churches. Publicly available information suggests that most displaced people are not currently receiving humanitarian assistance. The most urgent needs of displaced people are food, WASH, health, shelter and protection. However, access to the affected populations is often severely constrained by ongoing insecurity in proximity to displacement sites, remoteness and difficult terrain that renders some groups accessible only from Uganda (OCHA 07/05/2019; OCHA 02/05/2019).

Democratic Republic of the Congo :

Security incidents in Nord Kivu and Ituri



LEGEND



Sources : ICRC, GAUL, Radio Okapi; OCHA; UNHCR; Bunia Actualite, Caritas AHA Centre DMRS. Map created by CartONG, May, 2019

(See full map on page 10)

Food and livelihoods: More than 4.4 million people in Nord Kivu and Ituri provinces were estimated to face Crisis and Emergency levels of food insecurity as of August 2018 (IPC 08/2018). Ongoing insecurity and displacement limiting access to crops and livelihoods have likely increased food insecurity since (GIEWS 15/02/2019). 87% of displaced people in Nord Kivu are estimated to live on only one meal per day (NRC 24/04/2019). Displaced populations left their livelihoods in areas of origin and only have limited access to land and livelihoods in displacement sites (UNHCR 10/05/2019). The latest wave of displaced people, mostly to neighbouring villages, is likely to impact livelihoods of host communities and expose displaced populations to urgent food assistance needs (OCHA POU 2019).

Without assistance displaced populations are pushed to prematurely return to areas of origin to meet their food needs, despite consistent protection concerns. As looting and theft of livestock (forming some of targeted attacks against civilians) is frequently reported, food security and livelihoods are likely impacted upon return.

Food distribution can also function as a prevention measure to contain Ebola, as vulnerable people are less exposed to potential carriers in public spaces such as markets in search for food, and recipients of food assistance have been found more cooperative in receiving vaccination and treatment (WFP 24/04/2019).

WASH: Access to safe drinking water is likely a challenge for displaced populations as only 31% of the rural population in DRC has access to clean drinking water and 29% to improved sanitation facilities (ACT Alliance 11/12/2018). Displaced populations are mostly staying with host families and in public spaces where only a limited number of latrines are available for the additional population. Overcrowded spaces and poor WASH conditions increase the risk of water-borne diseases among displaced and host communities, such as Malaria, which is prevalent in the area (Actualite 30/04/2019). The lack of sufficient and adequate latrines increases likely increases open defecation practices, which in turn may increase protection risks if vulnerable groups are exposed.

Health: Poor WASH conditions, malnutrition, and recurrent displacement contribute to the challenging health situation in Nord Kivu and Ituri provinces (CAID 31/03/2017; OCHA POU 2019; UNHCR 07/02/2019). A weak national health system, lack of qualified staff and supplies as well as the current Ebola outbreak in Nord Kivu and Ituri provinces are likely having a negative impact on access to healthcare in the affected areas (DRC RRP 2019-2020). Malaria is prevalent in the area (Actualite 30/04/2019). Access to healthcare is likely particularly challenging for displaced communities (DTM 13/02/2019; MSF 08/02/2019). Limited hygiene and access to safe latrines increases the risk of diseases. Outbreaks of waterborne diseases and cases of anaemia among IDPs had been reported among in April and are likely to also affect the latest wave of displacement in the affected area (Actualite 30/04/2019).

Lack of post-exposure prevention (PEP) kits for rape survivors among IDPs in the affected area was previously reported, and is likely also a concern for the current displacement situation (UNHCR 10/05/2019).

Population movement, a precarious security situation, and challenging health conditions are all factors that could facilitate the spread of the disease. There is currently no indication of Ebola-cases among recently displaced people or affected host communities, however, high levels of community mistrust against the Ebola response has led people to not seek medical attention, despite experiencing symptoms.

Protection: Attacks by armed groups, intercommunal conflicts and military operations by the Congolese security forces all add to the volatile security situation in northeast DRC and affect all groups of society. This situation was compounded by a deterioration of the security situation in 2018 (UNSC 15/01/2019; Actualite 28/03/2019; UNSC 02/07/2018; IPS 07/07/2018). Nord Kivu, Ituri and Haut-Uele provinces recorded more than 35,000 protection incidents throughout 2018, with Beni, Lubero, Rutshuru, Irumu and Djugu being among the worst affected territories (OCHA POU 2019; OCHA 18/04/2019; Protection Cluster 31/12/2018). **In April, 639 human rights violations were reported in Ituri province** (OCHA 07/05/2019). Displaced populations are particularly exposed to protection risks such as SGBV, survival sex, and the forced recruitment of children into armed groups. These continue to be grave concerns among the displaced in Nord Kivu and Ituri provinces (UNHCR 10/05/2019; IRIN 10/01/2019; UNICEF 31/01/2019).

A recent survey of 18,000 displaced people in Ituri province found that 85% of displaced children did not possess birth certificates, exposing them to multiple protection risks, including statelessness (UNHCR 10/05/2019).

Shelter and NFIs: There is only limited information available on current conditions and needs of newly displaced people in the affected area; however, shelter needs are likely. 80% of 12,000 newly displaced people in Boga are reportedly staying with host families while the rest found shelter in public places such as schools and churches. This is supported by findings of on-site assessments previous to the current displacement, showing some 50-58% of IDPs in Ituri province and up to 68% of IDPs in Nord Kivu were staying with the host community without charge (REACH December 2018). Many IDPs in eastern DRC return to destroyed and damaged villages due to conflict and therefore also require shelter and NFI assistance in places of origin (DTM 13/02/2019).

Nutrition: In DRC, nearly 2 million children are suffering from severe acute malnutrition (SAM). The worst affected areas include Nord and Sud Kivu, as well as the greater Kasai region and Tanganyika (USAID, March 2018). People in crisis affected areas are reported to eat meat only two to four times a year and therefore many people are suffering from protein deficiency (FAO February 2019).

Education: The lack of livelihoods and limited resources among displaced people increases the risk of children dropping out of school. This can negatively impact protection concerns of children (UNHCR 10/05/2019). A recent survey of 12 IDP sites in Masisi, Rutshuru and Walikale territories in Nord Kivu found that more than 11,000 children were out of school (UNHCR 10/05/2019). In Djugu territory, Ituri, violence led to the closure of 200 schools, depriving 12,000 children of access to education (OCHA HNO 2019).

Vulnerable groups affected

Women and children staying in temporary shelters that are often overcrowded with a lack of toilets and inadequate washing facilities are often exposed to greater protection risks, including gender-based violence, sexual exploitation and abuse. These incidents often go unreported. Children in conflict-affected areas in eastern DRC are at risk of forced recruitment into armed groups (UNICEF 31/01/2019). People with disabilities and older people may find leaving their shelters to look for safety/assistance more challenging, especially for those living in isolated and hard-to-reach areas.

Humanitarian and operational constraints

Widespread insecurity and violence between numerous non-state armed groups and government forces continues to pose a significant challenge for humanitarian access in eastern DRC (Geneva Call 04/2019). Military operations against various active armed groups by DRC forces (FARDC) with support from the UN Mission for Stabilisation in the Democratic Republic of the Congo (MONUSCO), are ongoing in the region (Radio Okapi 18/04/2019).

Security incidents involving humanitarian actors, including lootings and kidnappings of staff, are regularly reported (Kivu Security Tracker, EISF 29/06/2019). The ongoing Ebola outbreak has contributed to the fragile operating environment. Targeted attacks against humanitarian actors responding to the outbreak have seen an increase since December, often leading to the temporary suspension of activities (ACLEDD 08/03/2019; MSF 28/02/2019). Similarly, ongoing Ebola response activities may mean that response to recent displacement in the region is of a lower priority.

Additionally, remoteness and weak infrastructure present critical challenges for the timely provision of humanitarian aid in DRC. Much of DRC's 1,700km road network is in poor condition. Most roads are made of dirt, and only 11% are paved (OCHA 31/07/2018). The Virunga national park renders parts of Nord Kivu accessible only via Uganda (MSF 07/01/2019; MSF 18/04/2019). The provision of humanitarian assistance in eastern DRC and especially Nord Kivu is hampered by financial constraints and often relies aerial access to affected areas due to ongoing clashes and poor infrastructure, which is particularly costly. During rainy season (March to July and September to January) the poor

condition of landing tracks poses an additional challenge (FEWS NET 05/03/2019; OCHA 31/07/2018).

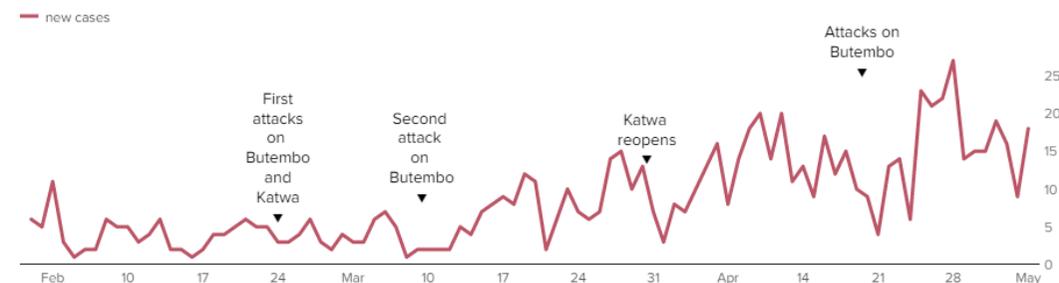
Aggravating factors

Risk of spreading of Ebola

These attacks and subsequent displacement come at a time when the transmission rate of Ebola cases is increasing. Since the declaration of the outbreak on 1 August 2018, 24 health zones in North Kivu and Ituri provinces have been affected (WHO 25/04/2019). The outbreak was likely facilitated by a breakdown of disease surveillance systems due to insecurity, a strike of health workers because of unpaid salaries, and generally high population mobility in the affected area (MSF 18/04/2019). Although most Ebola cases are concentrated around Katwa, Butembo and Beni villages, some health zones (HZ) that have received displaced populations detected some Ebola cases in the past 21 days, such as Kayna HZ in Lubero territory (WHO 09/05/2019; WHO 10/05/2019). The information about displacement, especially short-term displacement and the displacement of smaller caseloads, is limited in Nord Kivu and Ituri, which makes it harder to determine the risk of the spreading of the disease. Reports of DRC nationals trying to enter Uganda via informal crossing points where no screening is in place adds to the risk of Ebola spreading to neighbouring countries.

New Ebola cases from February 2019

Attacks on clinics and hospital continue as case count climbs in Democratic Republic of the Congo



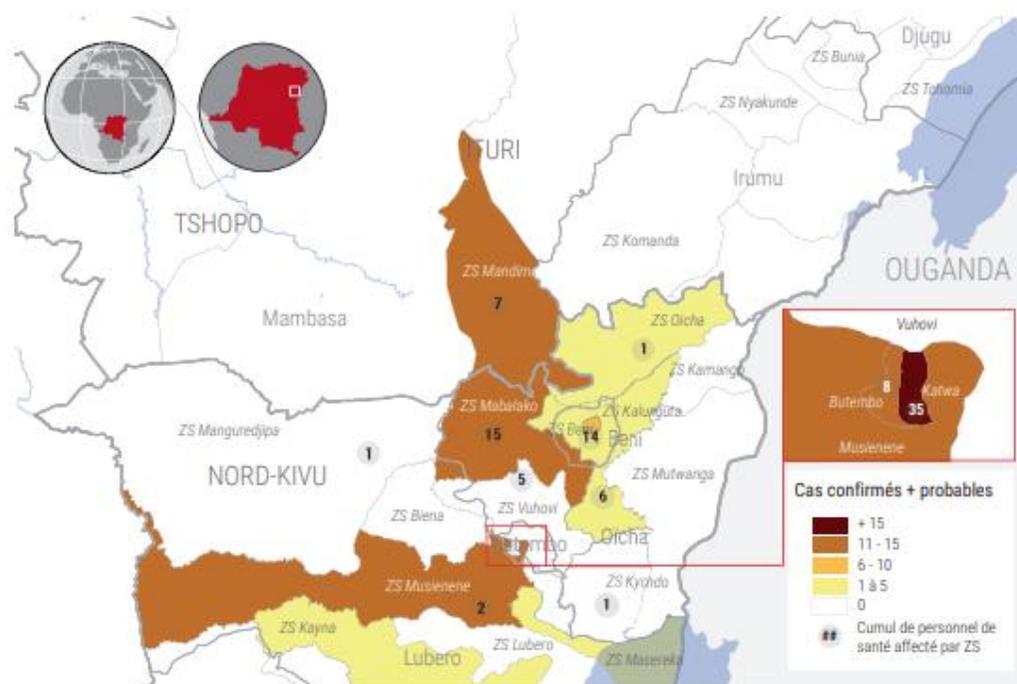
* Data up to 5 May. New attacks were reported on 6 May

Chart: The New Humanitarian • Source: WHO/DRC Ministry of Health

Source: The New Humanitarian 07/05/2019

As of 6 April, 1,585 cases (1,519 confirmed and 66 probable cases) as well as 1,055 deaths (CFR 66,6%) have been recorded (DRC MoH 10/05/2019). The transmission of the Ebola virus has accelerated since late March and reached record levels in late April (IRIN 07/05/2019; DRC MoH 10/05/2019). This increase is likely linked to persistent insecurity and targeted attacks against health facilities, as well as fear and mistrust in communities towards the humanitarian response (UNICEF 18/02/2019). Health workers are increasingly experiencing difficulties convincing communities to follow health guidelines and to be more proactive in reporting suspected cases (WHO, 14/02/2019; Reuters 14/01/2019).

Ebola affected areas in Nord Kivu and Ituri



Source: WHO 05/05/2019

Since January, more than 100 security incidents that involved Ebola response workers have been recorded and regularly led to the temporary suspension of response activities (MSF 28/02/2019; TNH 02/05/2019; IRIN 07/05/2019). On 13 May, security forces were able to repel an attack on the Ebola treatment centre in Katwa, killing one of the attackers (Radio Okapi 13/05/2019). On 7 May, response activities were briefly suspended in Butembo following clashes of motorcycle taxi drivers with security forces. Later the same day, a member of the Safe and Dignified Burial (SDB) team was killed in Vuhohi

between Butembo and Beni (Actualite 09/05/2019). In February, a nurse from the same health zone had been kidnapped and killed (Radio Okapi 10/05/2019). On 3 May, another SDB team was attacked in Katwa (WHO 09/05/2019). On 19 April, armed men likely belonging to a local Mai Mai militia group, stormed the Butembo University Hospital, where an Ebola response coordination meeting was being held. During the incident, one doctor working for WHO was killed and at least two other people were injured (Jeune Afrique 20/04/2019; RFI 20/04/2019). Later the same day, armed actors tried to burn down an Ebola treatment centre in Katwa (The Guardian 24/04/2019).

Rainy season

The rainy season in northeast DRC typically lasts from March to July (FEWS NET 05/03/2019; OCHA 31/07/2018). Landslides and floods are relatively common, which can increase the risk of water contamination and disease transmission and reduce access to health and WASH facilities for populations in need (OCHA 02/05/2019; WHO 22/08/2018, WHO 2017). In DRC, risks of contamination from cholera, as well as yellow fever and malaria, reach a peak during the rainy season (OCHA 2018; WHO 03/2018). This likely affects displaced populations without adequate shelter and access to water and sanitation facilities more severely. Flooding and landslides can potentially further constrain access to affected areas (VOA 12/04/2019; VOA 29/04/2019).

Food insecurity

The agricultural sector is the main source (45–90%) of employment in the affected territories (CAID 31/03/2017; CAID 31/03/2017). The ongoing conflict in the DRC has led to the local currency depreciating by more than 100% since 2015, putting pressure on domestic food supplies due to reduced imports (GIEWS 15/02/2019). Food insecurity is aggravated by insecurity and at the same time contributes to instability in eastern DRC. Although up-to-date data on food security in the conflict-ridden province is limited, ongoing conflict and displacement that reduce access to agricultural land have likely contributed to a deterioration of food insecurity in Nord Kivu (OCHA accessed 30/04/2019). It is estimated that the percentage of households of displaced people and host communities facing crisis or emergency levels of food insecurity increased from 56% in January to 87% in March (NRC 24/04/2019). The latest IPC projection estimates that more than 1.6 million people in Nord Kivu and 2.8 million people in Ituri – an equivalent of 57% of the total population of Ituri province – are facing emergency and crisis levels of food insecurity (IPC 3 and 4) between August 2018 and June 2019 (IPC 08/2018).

Disease outbreaks

Due to its weak health system and ongoing conflict, DRC is prone to epidemics, such as cholera, measles and malaria. In the DRC, risks of contamination of waterborne diseases like cholera, as well as yellow fever and malaria, hit a peak during the rainy season that started in March (OCHA 2018). Between January and 28 April, 3,110 measles cases have been recorded in Ituri province, affecting 27 of 36 HZ (OCHA 07/05/2019). Particularly cholera has an epidemic and endemic presence in the country; the provinces of Tanganyika, Haut Lomami, Sud Kivu, Nord Kivu, Ituri and Tshopo register cholera cases every year (ACT Alliance 11/12/2018).

Cholera is highly contagious and if untreated can kill within hours after the first symptoms. The DRC is currently experiencing a cholera outbreak, with close to 8,400 suspected cases recorded in 2019 (and close to 30,000 cases in 2018) (UNICEF 26/04/2019; WHO 28/04/2019). As Ebola and Cholera have similar symptoms in the initial stages of both diseases, health workers may have difficulties differentiating cases of Cholera and EVD. Poor access to water and sanitation, lack of chlorination as well as population movement and congested settlements for displaced people are the main drivers of outbreaks and transmissions in the DRC (WHO 01/02/2018; ACT Alliance 11/12/2018; Science Direct 05/2011).

Contextual information

Insecurity and instability in Nord Kivu and Ituri provinces

The conflict in eastern DRC has been ongoing for more than 25 years and is fought along economic, political, social and ethnic lines. Particularly the influx of Rwandan Hutus following the 1994 genocide against Tutsis in Rwanda has had an impact on intercommunal relations and tensions in eastern Congo, that often originate from issues of land appropriation (GPJ 23/04/2017). The conflict is characterised by the large number of active armed groups, whose objectives, alliances, internal structures and financing are often unclear (MSF 18/04/2019; KST December 2017). Networks and coalitions, both among armed groups and with political and economic stakeholders, are complex and often unstable (KST December 2017). Armed groups regularly attack villages, looting shops, burning houses, stealing livestock and food items, injuring, killing and abducting civilians. Other concerns are the frequent use of SGBV, forced recruitment (of children), forced labour, and illegal taxation (RFI 10/06/2018; Radio Okapi 06/08/2018).

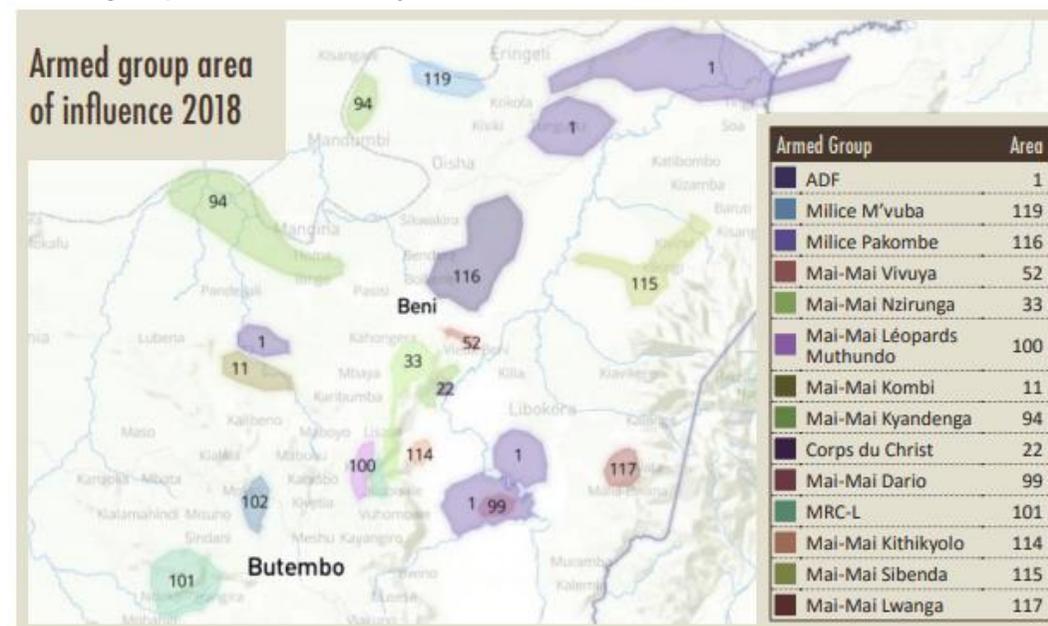
Armed conflict in Rutshuru, Masisi, Walikale, Lubero, and Beni territories in Nord Kivu led to the gradual withdrawal of humanitarian actors throughout 2017 and further increased the vulnerability of the affected population in those areas (OCHA 05/03/2019; IOM

06/10/2017). Despite the wealth of resources and minerals in region, the socio-economic situation has worsened over the past five years (DRC RRP 2019-2020).

The delay of presidential elections from December 2018 until March 2019 in parts of Ebola-affected Nord Kivu has contributed to the fragile security environment and raised suspicions that the Ebola response had being fabricated or politicized by the authorities (RFI 10/04/2019; The Guardian 24/04/2019). The area is known for being in favour of the opposition and Nord Kivu represents 10% of the national electorate (MSF 18/04/2019; The Guardian 24/04/2019).

The presence and fragmentation of some 120 groups, and lack of statements from armed groups often makes it difficult to determine responsibility for attacks. However, local media and civil society often attribute security incidents to specific groups; based on this information recent displacement can be ascribed to primarily four armed groups active in the region: Allied Democratic Forces (ADF), Democratic Forces for the Liberation of Rwanda (FDLR), Mai Mai Nyatura and Nduma Defence of Congo/Rénové de Guidon (NDC/R).

Armed groups in Beni territory, Nord Kivu



Source: Congo Research Group, November 2018

Allied Democratic Forces (ADF)

The Allied Democratic Forces/National Army for the Liberation of Uganda (ADF/NALU) is a militant group founded in the 1990s in Uganda reuniting several rebel groups in opposition to the Ugandan government. The targeting of civilians has been part of the groups military strategy since the beginning (CRG 14/11/2018). However, indiscriminate killings and abductions of civilians increased between 2013 and 2016 after the Congolese security forces launched Sukola I operations targeting ADF in Beni territory, responding to an escalation of attacks by armed groups (KST December 2017; ACLED 29/04/2019). In 2018, the group became more active, targeting civilians and also clashing with government forces (ACLED 29/04/2019).

The group is particularly active in the “triangle of death”, the area between Kamango, Mbau and Eringeti (CRG 14/11/2018; The Defense Post 30/04/2019). Amid the presidential elections in December (after being delayed for two years), attacks targeting civilians increased, which led FARDC and MONUSCO to step up their operations against the ADF in February 2019 (Radio Okapi 12/02/2019). As of mid-2018, ADF’s strength is estimated at around 400 to 450 people (CRG 14/11/2018). Recent incidents in Kamango HZ have largely been attributed to the ADF; however, ISIS claimed responsibility for the attack on 16 April and named the new affiliate “Wilayat Central Africa” (Actualite 19/04/2019; Actualite 22/04/2019; ACLED 07/05/2019).

FDLR

Democratic Forces for the Liberation of Rwanda (FDLR) was founded by some of the key perpetrators of the 1994 genocide in Rwanda, who fled across the border into eastern DRC in the wake of those massacres (IRIN 31/10/2013). The FDLR are allied with the Mayi-Mayi Nyatura, a Hutu militia, to protect Hutu interests. Since August 2016, the FDLR and FDLR-allied Mayi-Mayi Nyatura have been mainly active in Nord-Kivu (Radio Okapi 08/08/2016).

Mai Mai Nyatura

Mayi-Mayi Nyatura was founded in 2010. It has collaborated with both FDLR and FARDC to protect Hutu interests. In 2012, some Mayi-Mayi Nyatura forces were integrated into the FARDC (IBT 29/10/2016). Since August 2016, Mayi-Mayi Nyatura has been active in Nord-Kivu, in alliance with the FDLR (Radio Okapi 08/08/2016).

NDC/Rénové de Guidon

The Nduma Defence of Congo/Rénové de Guidon (NDC/R) armed group is one of several Mai Mai factions active in DRC (RFI 10/06/2018; Radio Okapi 06/08/2018). NDC/R increased its influence in Nord Kivu in 2018 and is estimated to have some 1,200 active fighters. Their stronghold is located in Walikale territory; however, NDC/R strengthened their position in Lubero territory in late 2018, particularly Bunyatenge, Kanyatsi and

Mbwavinywa. They are also present in some areas of Rutshuru and Masisi territories (Congo Profond 02/10/2018; Radio Okapi 29/06/2018). NDC/R is believed to have ties to the Congolese army (FARDC) (KST December 2017).

Past displacement

Intercommunal violence and clashes with many armed groups active in the area have resulted in mass displacement in eastern DRC for decades. In 2018, over three million people were internally displaced within DRC, often returning to damaged or destroyed places of origin (ECHO 13/02/2019). Insecurity has led to particular pendular displacement patterns, where people stay within their place of origin during the day and retreat to safer areas, sometimes in forests, for the night. Information on internal displacement is often limited, due partly to severe access constraints.

Displacement from neighbouring countries

DRC also hosts approximately 765,000 refugees, mainly from neighbouring countries (UNHCR January 2019). As of April, there are more than 173,000 refugees in Nord Kivu, including close to 58,000 refugees from Rwanda (UNHCR 15/04/2019; UNHCR 20/03/2019). Roughly 73% of Rwandan refugees live in rural areas, where there are exposed to many protection risks associated with the volatile security situation (DRC RRP 2019-2020). Refugees are often displaced within DRC along with their host community due to armed conflict. In addition, there are some 99,000 South Sudanese refugees in Haut-Uelele and Ituri provinces; most of whom arrived during 2016 and 2017 (UNHCR 07/05/2019). However, smaller caseloads continue to arrive; since the beginning of 2019, 3,000 South Sudanese refugees were registered in Biringi settlement, Ituri province (OCHA 07/05/2019; DG ECHO 21/02/2019).

Displacement from DRC to neighbouring countries

There are more than 833,000 refugees and asylum-seekers from the DRC in neighbouring countries (UNHCR 03/2019). Uganda, sharing borders with Nord Kivu and Ituri provinces, hosts the largest group of DRC refugees and asylum seekers: some 332,500 people, mostly in formal settlements, live in districts bordering the DRC. Arrival rates have slowed down since February 2018, with an average of around 3,000 people per month entering Uganda in 2019 (UNHCR/GoU 31/3/2019). Due to increased violence in Nord Kivu, the influx of Congolese refugees to Uganda increased by 33% in April compared to the previous month (ECHO 08/05/2019). Some border crossing points have been closed to avert the risk of uncontrolled entry, pushing more Congolese to enter Uganda via informal crossing points, including crossing Lake Albert (Daily Monitor 08/05/2019).

Protection and health needs, as well as malnutrition rates among the arriving refugees are high. A heightened arrival rate will put additional pressure on Uganda's already strained public services and limited local resources including land, firewood, and water,

creating further tension between refugees and host communities (Safe the Children 17/04/2018; UNHCR 01/2019). 70% of refugees are estimated to live below the national poverty standards (Development Pathways 04/2018). Despite good preparedness, risk of Ebola spreading into Uganda has increased (ECHO 08/05/2019).

Key characteristics

Demographic profile:

Province	Territory	Surface Area	Total population	Tribes and languages
Ituri	Irumu	8,183 km ²	1,288,343	
Ituri	Djugu			
Nord Kivu	Lubero	17,095 km ²	1,358,465	
Nord Kivu	Rutshuru	5,289 km ²	1,606,357	
Nord Kivu	Beni	7,484 km ²	1,313,545	

(CAID 31/07/2017)

- **WASH:** 50% of households in DRC do not have access to drinking water, and poor sanitation and hygiene services are among disease predisposing factors. Damage to WASH infrastructure in conflict-affected areas as well as long-term displacement and a high concentration of IDPs and returnees has placed pressure on water resources (OCHA 03/04/2017; WASH Cluster 2019-2021). Only 31% of the rural population has access to clean drinking water and 29% to improved sanitation facilities (ACT Alliance 11/12/2018).
- **Food security:** In Nord Kivu, some 1.6 million people were estimated to face Crisis (IPC Phase 3) and Emergency (IPC Phase 4) levels of food insecurity as of August 2018. This represents around 26% of the population. In Ituri, 2.8 million people, or 57% of the population, were estimated to face Crisis (IPC Phase 3) and Emergency (IPC Phase 4) levels of food insecurity as of August 2018 (IPC 08/2018).
- **Nutrition:** Nearly 4.3 million children were suffering from acute malnutrition, including 2 million children suffering from severe acute malnutrition in the DRC in 2018 (FAO 02/2019).

Health:

- Beni: 7 hospitals and 133 health centres across 7 health zones (CAID 31/03/2017).
- Lubero: 7 hospitals and 124 health centres across 7 health zones (CAID 31/03/2017).
- Rutshuru: 6 hospitals and 90 health centres across 6 health zones (CAID 31/03/2017).
- Irumu: 5 hospitals and 76 health centres across 5 health zones (CAID 31/03/2017).
- Djugu: 6 hospitals and 194 health centres across 13 health zones (CAID 31/03/2017).
- These figures do not reflect current changes to the provision of health care as part of the Ebola-response. Generally, the bed capacity is fairly limited, for instance, across all health zones in Beni territory (1.3 inhabitants), there are only 1,025 beds available. Some health facilities also report a lack of medicines and staff.

Response capacity

Local and national response capacity

The host community is often the first line of assistance for displaced communities in the affected area (OCHA 22/02/2018). There are some national NGOs active in the region that are working on the response to internal displacement in affected areas (OCHA 02/05/2019). However, there is limited information on populations reached and assistance provided.

International response capacity

There are around 140 UN agencies, INGOs, NGOs and others active in Nord Kivu and Ituri provinces. Some 70 humanitarian organisations are responding to the ongoing Ebola outbreak in the area. This likely means that resources are directed to the Ebola response while response to displacement in the region is of a lower priority (OCHA 12/2018; World Bank 09/05/2019; OCHA 21/04/2019).

Information gaps and needs

- Displacement in eastern DRC is often short-lived and localised, which poses significant challenges for the tracking of displacement. This is compounded by ongoing insecurity, poor road infrastructure, displacement to inaccessible areas such as forests and a lack of funding.
- There is no disaggregated data on the age and gender of the displaced population. Information on people in situations of vulnerability, i.e. people with disabilities and unaccompanied children, is lacking.
- Information on humanitarian conditions and needs of both the displaced and host communities is lacking. Up-to-date baseline data would be helpful to analyse the impact of the influx of displaced people in host community. Information on current locations and duration of previously displaced populations would be helpful.

Lessons learned

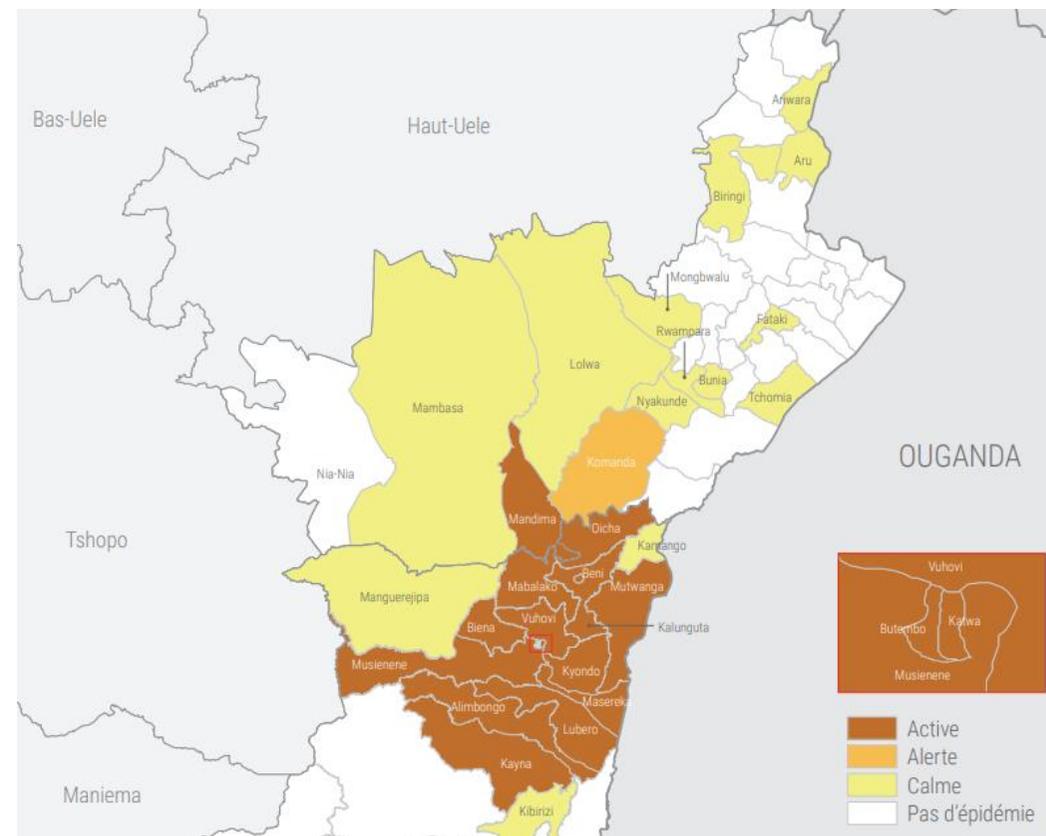
Displaced communities in eastern DRC often stay close to their areas of origin to maintain access to their livelihoods, especially crops and livestock. However, this also means that in order to reach the affected populations humanitarian actors are forced to **operate in proximity to ongoing clashes** and insecurity.

Limited available funding, often linked to “donor fatigue”, poses another significant constraint on humanitarian assistance in the DRC. This becomes particularly challenging as many **areas are only accessible by air** due to ongoing clashes and a poor road network, **which consequently requires appropriate financial resources**.

A delay or lack of response to humanitarian needs of displaced populations can push vulnerable people to **cross into neighbouring countries** to seek protection and assistance. Cross-border displacement, which is particularly concerning in the current context of the **ongoing Ebola outbreak**, risks having a destabilising effect on neighbouring countries and influence regional politics.

Local communities often bear the brunt of localised displacement patterns. The large-scale influx to communities can have a **devastating impact on local economies and resilience**, as crops, food stocks and markets are strained. This can negatively impact access to food and water resources, as well as other basic services and WASH facilities. Activities supporting the livelihood of **both IDPs and host community members** are important to prevent tensions and ensure sustainable reconstruction of the affected areas.

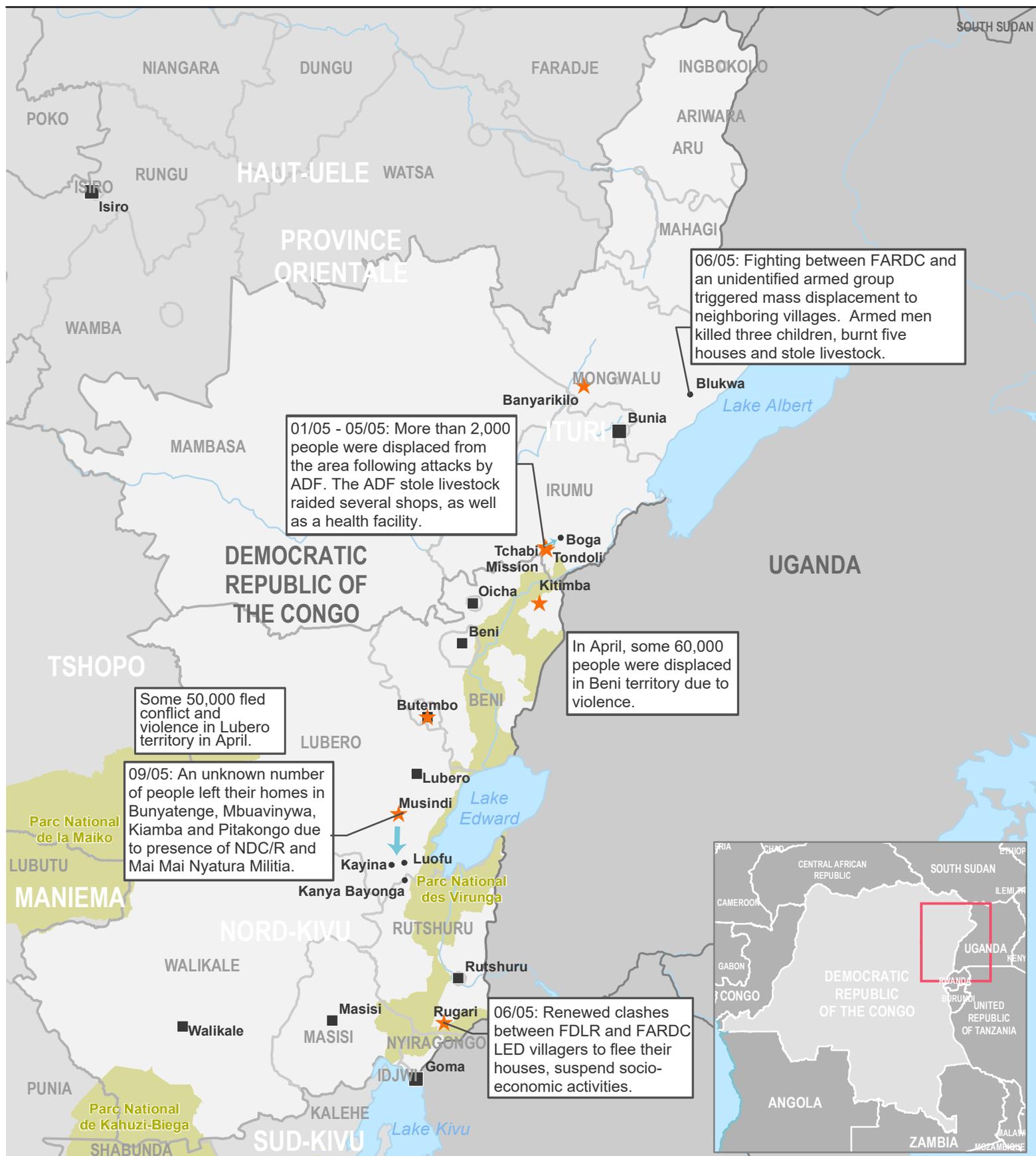
Ebola cases in the week of 29 April to 5 May



Source: WHO 10/05/2019

Democratic Republic of the Congo :

Security incidents in Nord Kivu and Ituri



LEGEND

- Capital admin 1
- Capital admin 2
- Village
- ★ Location of recent security incidents
- International boundary
- Admin 1 boundary
- Admin 2 boundary
- River
- Lake
- National Park
- Direction of displacement



Sources : ICRC, GAUL, Radio Okapi; OCHA; UNHCR; Bunia Actualite, Caritas AHA Centre DMRS, Map created by CartONG, May. 2019