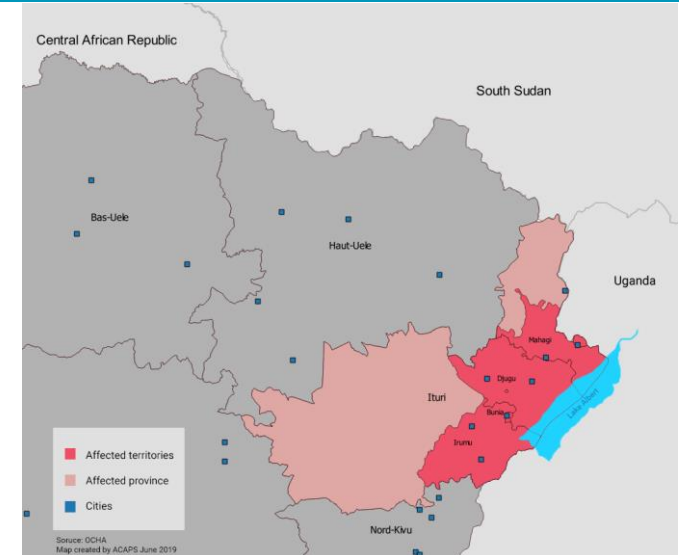


DRC

Displacement in Ituri

Since early June intense intercommunal clashes between Hema and Lendu communities led to the displacement of more than 300,000 people across Djugu, Mahagi and Irumu territories of Ituri province in northeast DRC. The majority of people are staying in host communities, mostly in public buildings or in the open. Some 30,000 people have arrived at existing displacement sites and at least 4,500 people crossed into Uganda in search for safety and assistance as of 18 June. Displaced people are in urgent need of shelter, NFI, and food assistance; however, most affected areas are largely inaccessible for humanitarian operations. Protection concerns are high as at least 161 people have been killed since 10 June and other incidents of extreme physical violence and sexual violence have been reported.



Anticipated scope and scale

A volatile security situation means that **displacement and needs may increase**. If the security situation does not improve, **affected populations will be inaccessible** for humanitarian actors, which may compound existing needs and **drive secondary as well as cross-border displacement**. Potential informal crossings via Lake Albert increase the risk **of spreading Ebola** to Uganda, which reported first cases in early June. The proximity of some displacement sites to areas that have become occupied by opposing groups raises significant **protection concerns**.

Key priorities



Protection
from physical violence



Shelter and NFIs
villages were burnt and looted



Food
access to and availability

Humanitarian constraints



The highly volatile security context is hindering access to the most affected areas, including displacement sites. Humanitarian access in Ituri is limited due to remote, mountainous terrain, a poor road network and volatile security situation. The ongoing rainy season is likely to deteriorate land access.

Limitations

Information on the location of displaced people is limited and priority needs may vary across locations, largely due to significant access and funding challenges. As the security situation in the affected area is volatile and unpredictable, numbers of displaced people and fatalities are subject to change. Information on internal displacement, which occurs regularly and is often only temporary in conflict-affected northeast DRC, is generally limited, therefore it is unclear where older and new displacement overlaps and how needs may differ. Reporting on response is very limited.

Crisis impact

In early June, long-standing conflict between two ethnic groups, the Lendu (farmers) and Hema (herders), reignited in Djugu territory of Ituri province (CRG 05/03/2018; Reuters 02/03/2018). Attacks and counter-attacks perpetrated by both groups have triggered the displacement of more than 300,000 people across Djugu, Mahagi and Irumu territories of Ituri province in northeast DRC since early June (UNHCR 18/06/2019).

The conflict escalated after four members of the Lendu ethnic group were killed in Zibiti village near Nizi in Djugu territory on 10 June (Radio Okapi 10/06/2019). Although responsibility has yet to be established, some attributed the attack to members of the Hema community, which prompted counter-attacks and led to an escalation of the security situation in Djugu territory (RFI 18/06/2019; Radio Okapi 12/06/2019; RFI 13/06/2019). Over 10-20 June, several incidents were reported from the villages of Tche, Tsusa, Koli, Walendu Pitsi and Nyamamba in Djugu territory, that left entire villages looted and burnt (Radio Okapi 12/06/2019; Radio Okapi 19/06/2019; Actualite 19/06/2019; Radio Okapi 16/06/2019; Bunia Actualite 20/06/2019). Some villages abandoned by their inhabitants in Mahagi territory have been occupied by opposing groups (Radio Okapi 17/06/2019). Since 10 June, at least 161 people have been killed, estimated to largely belong to the Hema community (Reuters 17/06/2019; RFI 18/06/2019; Radio Okapi 16/06/2019; BBC 18/06/2019). Mass population movement, remoteness, a volatile security situation and ongoing hostilities mean that the death toll is likely to increase over the coming days.

Displaced people have moved towards the capital of Ituri province, Bunia, and to more stable locations within Djugu, Mahagi and Irumu territories (OCHA 12/06/2019). While some 30,000 arrived at existing displacement sites in the province, the majority of IDPs are staying in open spaces and in public buildings in host communities. Some 10,000 people sought refuge in or near the church in Drododo, in Djugu territory and another 20,000 have reached Bunia (UNHCR 18/06/2019). More than 4,500 people have fled to Uganda, the border crossings of Nsonga and Sebagoro on Lake Albert have noted high influx rates of more than 100 people per day as of 20 June (ECHO 18/06/2019; UNHCR 20/06/2019). If displaced people do not receive assistance due to limited access and funding, the number of DRC nationals crossing into Uganda is likely to increase, including potential informal crossings via Lake Albert.

Displaced people are in urgent need of shelter, NFI and food assistance; however, most affected areas are largely inaccessible for humanitarian activities. Protection concerns are high as incidents of killings, kidnappings and sexual violence have been reported.

Shelter and NFIs: Emergency shelter and household items are priority needs of displaced people, who are mostly staying in open spaces, with little protection from the ongoing rainy season. The influx of new IDPs to existing displacement sites strain the capacity of the settlements and increase existing needs for shelter materials and

household items. The emergence of new informal displacement sites is possible. Household items and other belongings have been lost due to looting and destruction of villages, as well as the sudden onset of displacement (OCHA 12/06/2019; Reuters 17/06/2019; UN SG 17/06/2019).

According to assessments from the first trimester of 2019, 70% of some 50,000 people living in spontaneous displacement sites in Ituri province were in need of urgent shelter and NFI assistance; meanwhile distributions in March only covered IDPs in Bunia (OCHA 12/06/2019). The systematic burning and destruction of villages means that the need for shelter assistance and household items will remain high upon return (UNHCR 18/06/2019; OCHA 12/06/2019). The extent of damaged or destroyed houses is unclear, however, during similar incidents between February and April 2018, 16,000 houses across 75 villages were destroyed (OCHA 12/06/2019).

Food and livelihoods: Food insecurity levels are high across the affected territories, including the 'grain basket', Djugu territory, where much of the violence was concentrated (UNHCR 18/06/2019; OCHA 12/06/2019; Jeune Afrique 13/03/2018; Fews Net 28/02/2018; OCHA 28/02/2018). The volatile security situation means that affected populations lose access to their livelihoods, which is to a large extent based on agricultural or related activities. While farmers lose access to their crops during the current harvesting season, herders are likely unable to move their livestock to new pastoral lands. Insecurity likely impacts food availability in local markets and can increase staple food prices. All activity in Bunia, Ituri's capital, was suspended between 12 and 14 June to mourn the victims, which could impact the fragile local economy (Radio Okapi 12/06/2019).

Protection: Protection concerns are high, as incidents of extreme physical violence, kidnappings, and sexual and gender based violence (SGBV) have been reported (UNHCR 18/06/2019). Consequently, some communities fled to military bases of the Congolese armed forces (FARDC) and UN Stabilisation Mission in the DRC (MONUSCO) (ECHO 18/06/2019; UNHCR 18/06/2019; Al Jazeera 18/06/2019). Congested displacement sites, new IDPs staying with IDPs that had been living there longer, and in public spaces increases the protection risks, including SGBV (OCHA 12/06/2019).

Health: Due to poor living conditions, inadequate shelter and a lack of food, IDPs are at high risk of contracting diseases, including malaria diarrhoea, acute respiratory infections, and malnutrition that are prevalent among displaced people in Ituri province (MSF 7/02/2019; Fews Net January 2019). Although measles outbreaks occur frequently in the country, the incidence of cases has been particularly high in 2019 with close to 5,000 cases in Ituri province (WHO 16/06/2019). Measles cases in an IDP settlement of close to 10,000 people in Bunia have increased with the arrival of new displaced people; more than 100 suspected cases have been reported (7sur7 19/06/2019). Cholera has an endemic and epidemic presence in DRC, often linked to poor access to water and sanitation – especially in rural areas; there is no data available on cholera cases among

displaced people (Act Alliance 11/12/2018). Nearly 2 million children are suffering from severe acute malnutrition (SAM) in DRC; malnutrition levels are particularly high among displaced communities across Ituri province. (USAID, March 2018; MSF 07/02/2019) The mortality rate among displaced children (under 5 years) has increased (3,6/10,000) due to the dire situation in displacement (Fews Net January 2019).

Existing health structures are anticipated to not have sufficient capacities to respond to the increase in health needs due to conflict-induced displacement and damages to health structures because of conflict (OCHA 10/04/2019). Concurrent with previous incidents, looting, destruction of health facilities and displacement of health workers is likely. Bodies that are decomposing pose an additional health risk (Radio Okapi 16/06/2019). Mental and psychosocial health needs are likely high, as many of the displaced have suffered or witnessed extreme physical violence.

WASH: The water availability and sanitation conditions of most displaced are likely to be poor, especially in displacement sites in Djugu territory (MSF 7/02/2019; MSF 01/03/2018; WHO 12/02/2019). A lack of latrines in areas hosting displaced people has previously been reported and is likely to be exacerbated by recent displacement (MSF 07/02/2019).

On 11 June, armed men damaged a water supply system in Ngongo near Bunia, depriving 70,000 people of their access to water for one week, which affected sanitation structures, schools and markets, and increased the risk of diseases spreading (OCHA 12/06/2019; Radio Okapi 20/06/2019).

Education: As of 11 June, 36 primary and secondary education facilities were closed due to insecurity, depriving some 5,000 students of their education (OCHA 12/06/2019). If the security situation does not improve, this number is likely to increase; during similar events in 2017/18 over 100 schools were closed down due to insecurity or being used as shelter for IDPs (Radio Okapi 03/03/2018; UNICEF 16/02/2018).

Vulnerable groups affected

Children in conflict-affected areas in eastern DRC are at risk of forced recruitment into armed groups; incidents of forced recruitment were reported during mass displacement due to intercommunal clashes in the affected area in 2018 (UNICEF 31/01/2019; UNICEF 15/03/2018).

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 (OCHA 13/05/2019).

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.

Elderly people make up 640,000 of those 12.8 million people estimated in need of humanitarian assistance in the DRC. Age often reduces the ability to cope with physical violence and trauma (OCHA 13/05/2019).

Humanitarian and operational constraints

Humanitarian access in Ituri province is limited and most of the affected areas are currently inaccessible (UNHCR 18/06/2019). Active fighting and intercommunal clashes are a major concern for humanitarian operations (Al Jazeera 18/06/2019; UNHCR 18/06/2019). Armed youth belonging to both groups are restricting movement of displaced people to access assistance and services (UNHCR 18/06/2019). The UN Stabilization Mission in the DRC, MONUSCO, has three temporary military bases in Djugu and Mahagi (UN 18/06/2019).

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; Logistics Cluster 30/01/2019). The ongoing rainy season likely further decreases terrestrial access to affected areas. Insecurity along the Mahagi-Djugu-Bunia road, the primary supply route, poses significant challenges for humanitarian actors due to blockades by armed men (Logistics Cluster 18/03/2019; Radio Okapi 18/06/2019; OCHA 12/06/2019). The resurgence of violence has sparked protests, disrupting traffic in some locations (Radio Okapi 10/06/2019).

Aggravating factors

Seasonal information

There are two rainy seasons in Ituri, from March until July and from September until January (FEWS NET 05/03/2019; OCHA 31/07/2018). Subsequent landslides and floods are relatively common in northeast DRC. In 2017, a mudslide in Djugu territory resulted in over 40 deaths and the destruction of some 50 houses (Afrique Libre 19/08/2017; Jeune Afrique 24/08/2017). Flooding and landslides can increase the risk of water contamination and disease transmission and reduce access to health and WASH facilities for populations in need due to poor road conditions (OCHA 02/05/2019; OCHA 08/03/2018; Fews Net 02/2018; WHO 22/08/2018, WHO 2017).

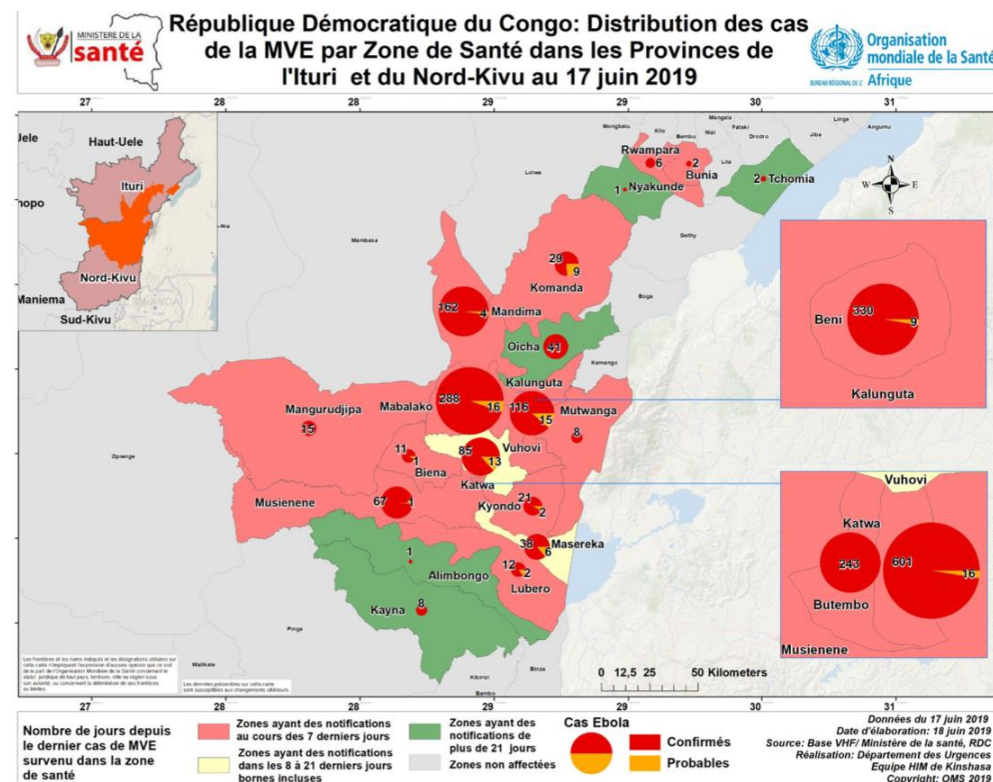
In DRC, risks of contamination from water and vector-borne diseases reaches a peak during the rainy season (OCHA 2018; WHO 03/2018). Displaced people do not have sufficient protection from the weather and most likely lack mosquito nets, increasing the risk of water and vector-borne diseases (MSF 07/02/2019). Ituri province is currently experiencing a cholera outbreak, which could be exacerbated by rainfall and (Radio Okapi 20/01/2018; Irin News 08/03/2018). This likely affects displaced populations without adequate shelter and access to water and sanitation facilities more severely.

Ebola outbreak in Nord Kivu and Ituri provinces

In early June, the number of Ebola cases in DRC provinces surpassed 2,000, 24 health zones have been affected and ongoing transmissions in 12 health zones (WHO 13/06/2019; WHO 23/05/2019). As of 17 June, 2,181 confirmed and probable cases and 1,459 related deaths have been reported (CFR 67%) from the two affected provinces (WHO 09/06/2019; DRC Moh 18/06/2019). Seven health zones across Irumu and Mambasa territories in Ituri province have recorded cases since the beginning of the outbreak declared in August 2018. Since the flare up of violence on 10 June, new cases have been reported from Bunia and Rwampara health zones in Irumu territory (OCHA 12/06/2019; DRC Moh 18/06/2019).

Some people displaced by the recent violence are moving towards Bunia city. There is an increased risk of spreading Ebola due to congested displacement sites and limited access to WASH facilities. At least 4,500 people have already crossed into Uganda in search of safety and assistance (ECHO 18/06/2019). This cross-border movement increases the risk of Ebola spreading into Uganda, where an Ebola outbreak was declared on 11 June in Kasese district near the border with DRC. As of 18 June, three cases have been confirmed (Uganda MoH 18/06/2019). This is particularly concerning if people try to enter Uganda via informal checkpoints along the porous border where no health screening is in place.

The transmission rate has accelerated since late March, which has been linked to widespread insecurity and targeted attacks by armed groups against the humanitarian response. On 16 June an Ebola health checkpoint was set on fire in Ituri province (Africa News 17/06/2019). The following day, a safe-burial team was attacked by armed youths in Ituri's capital, Bunia, preventing the safe burial of a deceased patient (Actualite 17/06/2019). Fear and mistrust in communities towards the humanitarian response prevents people displaying symptoms from seeking treatment and poses challenges for treatment and tracking of cases (IRIN 07/05/2019; WHO, 14/02/2019; Reuters 14/01/2019). Resulting gaps in tracking of Ebola cases combined with high population mobility in the region and first symptoms showing as late as 21 days after the infection pose risks to further spread of the disease to neighbouring territories and countries (VOA News 18/06/2019).



Source: MoH 18/06/2019

Other disease outbreaks

Due to its weak health system and ongoing conflict, DRC is prone to epidemics, such as cholera, measles and malaria (WHO 01/02/2018; ACT Alliance 11/12/2018; Science Direct 05/2011). Ten provinces, including Ituri with close to 5,000 reported cases, are currently experiencing a severe measles outbreak, declared on 10 June (WHO 16/06/2019). In the first five months of 2019, more than 1,500 related deaths have been reported (MSF 11/06/2019). The outbreak is facilitated by low immunisation coverage, limited medicine stocks and weak health infrastructure, often paralysed by violence and insecurity. Displaced children as well as children of host communities are particularly vulnerable to measles, as health systems become strained by the influx of additional people and due to overcrowded spaces.

Cholera has an endemic and epidemic presence in DRC, often linked to poor access to water and sanitation – especially in rural areas (Act Alliance 11/12/2018). In the first 5 months of 2019, more than 11,300 cases have been reported from 12 provinces (WHO

16/06/2019). 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.

South-Sudanese refugees

Location of South-Sudanese refugees in northern DRC



Source: UNHCR 31/05/2019

Ituri province is one of two main destinations for South Sudanese refugees in DRC. Close to 50,000 South Sudanese refugees live in the province, however, mostly in the northern Aru territory (UNHCR 31/05/2019). According to UNHCR, all health zones hosting South Sudanese refugees - including the Biringi settlement where many refugees live - face significant difficulties due to health facilities below standards. Malaria, waterborne diseases (diarrhoea, typhoid), and respiratory infections are the most common complaints in hosting areas (UNHCR 07/02/2019). There were at least 95,700 refugees from South Sudan in DRC at the end of 2018 (UNHCR 31/12/2018). New displacement was reported in February 2019, with some 5,000 people arriving in Ituri (UNHCR 12/02/2019).

Food insecurity

Insecurity limiting access to land as well as frequent and large-scale population movement are the main drivers of food insecurity in the eastern parts of DRC, where agricultural production declined from 2017 to 2018 (FAO 02/2019). The ongoing conflict in 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). The fall armyworm, floods or insufficient rains caused production losses in maize-growing regions. Limited food availability is impacted by the deterioration in transport

infrastructure, compounded by the ongoing rainy season and insecurity in the region (Fews Net April 2019). Season B harvests, mainly maize, beans and groundnuts, typically take place between June and August but are not anticipated to improve the food security situation (Fews Net April 2019).

Ituri is one of the provinces worst affected by food insecurity in the DRC. Latest food security analysis from August 2018 projects 2.2 million people to face Crisis (IPC-3) and 715,000 people to face Emergency (IPC-4) food insecurity levels in Ituri province until June 2019. Food insecurity levels are particularly high (Emergency) in Djugu territory, where conflict has deprived households of two consecutive agricultural seasons (Fews Net January 2019; Fews Net May 2019; FAO 02/2019; IPC Info August 2018).

Up-to-date data on food insecurity of host and displaced communities is currently not available. Conflict between Hema and Lendu communities in late 2017-early 2018 increased food insecurity as farmers (Lendu) were unable to cultivate their fields and herders (Hema) were unable to move their livestock (ECHO 12/03/2018). Similar effects can be anticipated and could be aggravated by the current harvesting season.

Contextual information

Conflict between Lendu and Hema

Historically, Ituri has been affected by cyclical outbreaks of violence since 1966 due to inequalities among communities, issues surrounding political representation, and tensions over land and resources (RFI 13/06/2019; BBC 18/06/2019). Between 1999 and 2003 conflict between the Lendu (farmers) and Hema (herders) communities in Ituri played a key part in Congo's second war. These years of conflict in Ituri resulted in at least 55,000 deaths and over 500,000 displaced people (Reuters 18/06/2019; Rift Valley Institute 2013).

In December 2017, violence erupted again in Djugu territory as a confrontation between the two communities escalated and spread throughout the area. The exact origin of the conflict is unknown but is likely linked to historical tensions over land and resources. A national political crisis, long-standing grievances against state authorities among the population, and fragility due to mining and trafficking in the area are likely to have played a role in the dynamics of the conflict (Congo Research Group 05/03/2018; Reuters 02/03/2018). Some members of armed groups involved in the earlier period of conflict, such as the Front des Nationalistes et Intégrationnistes (FNI) and the Forces de Resistance Patriotiques en Ituri (FRPI), have been accused of taking part in the 2017/18 cycle of violence (Congo Research Group 05/03/2018; Congo Actuel 05/02/2018; Rift Valley Institute 2013).

In 2017/18, foreign armed groups had been accused of taking part in the conflict. Uganda and Rwanda have historically played a major role in the conflict in Ituri, notably by contributing to the militarisation of the different armed groups. They have an interest in the region because of its natural resources (ores and precious wood) (Rift Valley Institute 2013; Afrique Lalibre 05/02/2018; Congo Research Group 05/03/2018).

The most recent deterioration of the security situation has been attributed to the withdrawal of armed forces (FARDC) from the area to the Kuandroma and Blukua military camps (Radio Okapi 16/06/2019).

Past displacement

Internal displacement in Ituri province is driven by intercommunal violence and armed groups activity. Internal displacement increased significantly when intercommunal clashes erupted in Djugu territory in December 2017 and escalated throughout February 2018, displacing 350,000 people (UNHCR 28/09/2018). The affected people were displaced across four territories of Ituri province: Irumu, Mahagi, Djugu and Aru. Most of them sought refuge in Irumu and Mahagi. Some 50,000 were hosted on the site of Bunia General hospital while at least 25,000 were estimated in Mahagi as of mid-February 2018 (Radio Okapi 09/03/2018; UNHCR 15/02/2018). Secondary displacement has been reported as people look for food, healthcare and shelter in absence of assistance; some crossed into neighbouring Uganda (MSF 01/03/2018; UNHCR 20/02/2018).

Although return movements started in mid-2018, several tens of thousands of IDPs remain in dire conditions in some 50 displacement sites across Ituri province or with host families (Protection Cluster 24/04/2019; MSF 07/02/2019). Violence triggered new displacement since; between 3-6 November 2018, about 47,000 people were displaced in Djugu territory, after fleeing attacks by armed groups (OCHA 08/11/2018). Between April and May 2019, some 5,000 new IDPs fleeing violence in Djugu territory were registered (OCHA 12/06/2019). According to latest estimation by the Commission for Population Movement, 450,000 people have been displaced in Djugu territory since December 2017, of which 50,000 live in "spontaneous" displacement sites (OCHA 12/06/2019). Local sources speak of up to 1 million IDPs present in the province (Bunia Actualite 19/06/2019).

Key characteristics

Demographic profile: The estimated population of Ituri province in 2019 is 5.5 million people (OCHA DRC 2018; CAID 31/03/2017).

Irumu: 1,288,343 inhabitants across 8,183 km² (CAID 31/07/2017).

Mahagi : 2,636,284 inhabitants across 5,216 km² (CAID 31/03/2017).

Djugu: 2,824,047 inhabitants across 8,730 km² (CAID 31/03/2017).

Food security figures: According to the latest IPC analysis of August 2018, some 716,549 people (15%) in Ituri province are estimated to face Emergency level (IPC-4) of food insecurity until June 2019, while some 2,171,438 people (43%) were in Crisis (IPC-3) (IPC 08/2018).

Nutrition levels: 4.6 million people are in need of nutrition assistance in DRC including 2.2 million children under five who are affected by severe acute malnutrition (SAM) (OCHA 19/01/2018).

Health statistics: 200 health structures have been recorded in Djugu territory, 140 in Mahagi territory and 81 in Irumu territory. Most of them are in poor condition. The most common diseases in the region are malaria, respiratory infections, diarrheal diseases and typhoid fever (MSF 01/03/2018; CAID 31/03/2017). According to the 2019 HRP, some 750,806 people in Ituri province are in need of healthcare assistance. Of those, 84,346 are in need of health assistance in Bunia (30% of pop.), while 54,962 are in need in Komanda HZ (28.4% of pop.) (OCHA DRC 15/02/2019).

WASH statistics: 13.1 million people are in need of WASH support in DRC and 50% of the households do not have access to drinking water (OCHA 19/01/2018).

Response capacity

Local and national response capacity

Governmental security forces (FARDC), are operating in conflict-affected areas and play a role in providing humanitarian assistance and protection to affected populations (Al Jazeera 18/06/2019; Radio Okapi 17/06/2019; ECHO 18/06/2019). This could help to ensure better access to affected populations and increase protection for vulnerable communities. However, trust in peacekeepers has been fragile in Ituri, which could pose difficulties to operations (Congo Research Group 05/03/2018). Provincial authorities have asked the president to establish a (temporary) military administration for Djugu territory to handle the conflict, and declare a state of emergency (Radio Okapi 16/06/2019).

The extent of assistance provided by local authorities, normally in charge of the registration of displaced populations, is unclear. Calls for donations in favour of displaced people within Ituri province, which have been rejected by civil society, suggest that local authorities do not have the capacity to ensure an adequate response to needs of affected populations (Bunia Actualite 18/06/2019; UNHCR 15/02/2018).

International response capacity

UN agencies and a number of international and national NGOs such as Caritas, Oxfam, ACF and Tearfund are present in the area, including some 19 humanitarian actors with

operations in Djugu territory (OCHA 04/2019). As some newly displaced people move to existing displacement sites, the new influx to more accessible locations might partially be covered by ongoing assistance. Accordingly, some actors report to start supplying shelter and food assistance to newly displaced people as far as the security situation allows (Mnnonlince 10/06/2019; OCHA 12/06/2019).

Information gaps and needs

Information regarding the location of displaced populations is lacking. As the situation remains volatile an increase in displacement as well as secondary displacement and cross-border displacement is likely. This contributes to the difficult information landscape.

Information on conditions across various displacement sites and needs of displaced and host communities is lacking. Disaggregated data by age and gender is lacking. It is unclear how many people remain in displacement in the affected area due to earlier security incidents.

Information on ongoing response activities and capacities is limited.

Lessons learned

Containing the conflict and establishing security is a priority, security issues constrained humanitarian response in 2018 (ECHO 12/03/2018). 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.

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.

MAP of Ituri province

