

Democratic Republic of the Congo Crisis Response Plan 2024



IDP site with shelters and WASH infrastructures built by IOM, North Kivu province, ©IOM2023

January - December 2024

Updated October 10, 2024

IOM VISION

In 2024, IOM seeks to respond to the critical needs of conflict and disaster-affected populations, including internally displaced persons (IDPs), returnees, and host communities, through the provision of multisectoral humanitarian assistance. In line with a humanitarian-development-peace nexus approach, IOM also aims to address the drivers of forced displacement by creating the necessary conditions for socioeconomic development and peaceful coexistence through a holistic and multifaceted response at the local, provincial, and national levels. Furthermore, IOM will continue to support the Government in strengthening the public health system as well as preparedness and response to other public health concerns, including outbreaks, by taking into account the population mobility dimension.

CONTACT INFORMATION

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PRIMARY TARGET GROUPS

- 1. Internal migrant
- 2. Internally displaced person
- 3. International migrant
- 4. Local population / community
- 5. Former combatant / fighter

FUNDING REQUIRED: \$199,500,000



**\$44.3M**
CONFIRMED

**\$155.2M**
GAP

**2,400,000**
PEOPLE TARGETED

**105**
ENTITIES TARGETED

IOM PROPOSED RESPONSE

Saving lives and protecting people on the move

\$137,800,000
FUNDING REQUIRED

\$21,993,162
FUNDING CONFIRMED

1,500,000
PEOPLE TARGETED

Driving solutions to displacement

\$61,700,000
FUNDING REQUIRED

\$22,290,647
FUNDING CONFIRMED

800,000
PEOPLE TARGETED

FUNDING LAST UPDATED: 01 MAY 2025

BREAKDOWN OF FUNDING REQUIREMENTS (USD) 2024

OBJECTIVES AND ACTIVITY AREAS	2024
Saving lives and protecting people on the move	
Camp coordination and camp management	\$15,000,000
Shelter and settlements	\$35,000,000
Provision of water, sanitation and hygiene in emergencies	\$30,000,000
Mental health and psychosocial support in humanitarian response	\$10,000,000
Protection	\$10,000,000
Humanitarian border management and services for citizens abroad	\$1,500,000
Direct health support	\$19,300,000
Emergency preparedness	\$7,000,000
Displacement tracking	\$10,000,000
Driving solutions to displacement	
Community stabilization	\$8,000,000
Livelihoods and economic recovery	\$7,000,000
Mental health and psychosocial support in transition and recovery	\$5,000,000
Peacebuilding and peace preservation	\$12,000,000
Health system strengthening	\$27,200,000
Adaptation and disaster risk reduction	\$2,500,000
TOTAL FUNDING REQUIRED	\$199,500,000

CONTEXT ANALYSIS

The Democratic Republic of the Congo (DRC) continues to face one of the most complex and multifaceted crises in the world. The security, political, and humanitarian situation in the eastern part of the country continues to deteriorate, with an increase in fighting between the March 23 Movement (M23) armed group and the armed forces of the Democratic Republic of the Congo (FARDC) and their allies (such as Volunteers for Defense of the Homeland (Wazalendo) in the North Kivu province. The persistent activities of several other armed groups, such as the Coopérative pour le développement du Congo (CODECO), the Front Patriotique et Intégrationniste du Congo (FPIC), and Zaire in Ituri province; the Allied Democratic Forces (ADF) in Ituri and North Kivu provinces; and the Mai-Mai local militias in the four eastern provinces (Ituri, North Kivu, South Kivu and Tanganyika); as well as inter-community conflicts in the Tanganyika, Mai-Ndombe, and Kwilu provinces (coupled with the activity of the Mobondo militias which started in the Kwamouth territory in 2022, before expanding to Kwango and Central Kongo) continue to affect the lives of civilians, posing significant protection risks, notably for the most vulnerable groups.

These conflicts have led to [massive displacements of populations](#), with 6.9 million internally displaced persons (IDPs) across the DRC, including 5.6 million in the most affected provinces of Ituri, North Kivu, South Kivu, and Tanganyika (as of October [2023](#)), making the DRC a country with one of the highest numbers of IDPs in the world. Certain groups are further exposed to heightened risks induced by displacements, including women and girls who face risks of gender-based violence (GBV), marginalization and social exclusion. The needs of affected communities include functioning site management services, shelter, non-food items, food, water, and sanitation services, protection support, health (including mental health and psychosocial support and sexual and reproductive health), and education services. Furthermore, the large number of IDPs increases the burden on already fragile and weak social basic systems in host communities, increasing the need for support to education, health systems and social protection as well as mitigating the impact on the environment. Efforts are needed to ensure social cohesion between IDPs and host communities. In addition, regular data on population movement is necessary to enable a collective evidence-based and efficient crisis response. In June 2023, the Inter-Agency Standing Committee (IASC) declared a 6-month humanitarian system-wide scale-up, and in parallel, IOM declared a corporate L3 scale-up for six months, that was further extended for three more months. Furthermore, demographic pressures, agricultural practices and climate change have accentuated the transhumance movements of nomadic herders towards new areas of the DRC in search of pasture, creating conflicts with local communities over the use of natural resources.

A new governmental Disarmament, Demobilization, Community Reintegration, and Stabilization Programme (P-DDRCS) strategy was adopted in 2022, which covers five pillars: strengthening social cohesion and democratic dialogue, the restoration of state authority, community rehabilitation and reintegration, socioeconomic development, and public information/communication. Increased efforts are needed to ensure its implementation, including the reintegration of ex-combatants, while also addressing the root causes and drivers of conflicts by embedding stabilization, governance, and socioeconomic development approaches. To date, P-DDRCS teams are deployed in the eastern DRC provinces, Provincial Operational Plans (POP) have been developed for the implementation of the programme at the local and provincial levels, and IOM is piloting P-DDRCS initiatives in the provinces of Ituri, North Kivu and South Kivu.

General elections for the presidency, national assembly and provincial assemblies were held in December 2023, with some results still being expected



IDP transferred from spontaneous settlement Axe Kanyaruchinya to Bushagara planned IDP site, North Kivu province © IOM 2023

INFORM Risk Index (August 2023)	Very High (6/191)
Human Development Index (2023/4)	Low
Fragility Index (2022)	Extremely Fragile
IDPs (IOM, Oct 2023)	6,900,000

in early 2024, while President Tshisekedi was re-elected. On December 19, the Security Council adopted Resolution S/RES/2717(2023) on the United Nations Stabilization Organization Mission in the Democratic Republic of the Congo (MONUSCO), which extends its mandate for one year while also laying out a comprehensive disengagement plan that includes three distinct and successive phases and gradual handover of responsibility to the Government.

The DRC also faces a high risk of natural hazards, including volcanic eruptions, earthquakes, floods (with 15 provinces severely affected in January 2024 by the rising of the Congo River and its tributaries), droughts and disease epidemics. Vulnerability to these hazards is exacerbated by poverty and political insecurity. The country experiences extreme weather and climate variability, resulting in a high exposure to disasters including floods and droughts, which are projected to increase in frequency and severity due to climate change. The most common natural hazards are erosion (47%), flooding (16%) and heavy rains (14%), which can cause waterlogging of agricultural fields, likely leading to poor harvests (CADRI mission report, 2023).

The ongoing conflict and displacement have multiple negative impacts on the population's health with high risks of recurrent epidemics, including cholera, measles, viral hemorrhagic fevers, yellow fever, rabies, and mpox. DRC is currently the epicenter of both the cholera outbreak (accounting for over 82% of all reported cases with children comprising more than 60 per cent of the affected population ([Cholera Platform 2023](#)) and the Mpox epidemic, which was declared a national epidemic in December 2023 and a public health emergency of international concern in August 2024 ([WHO 2024](#)). In recent years, Mpox cases have surged in several provinces of DRC, with a new virus strain, clade 1b, detected last year. The latest global mpox risk assessment (August 2024) indicates a high overall risk in DRC and neighboring countries. Sporadic cases have already been reported in a number of countries, including in Europe, but as of August 12, DRC still accounted for the majority, 89 per cent of total cases ([Our World in Data 2024](#)).

However, due to inadequate public health systems, weak infrastructure, limited resources, and insufficient awareness and prevention measures as well as limited border management capacities, there is a high risk of further spread. Additionally, DRC's vast geographical size and the presence of marginalized, hard-to-reach populations—including refugees, displaced persons, and highly mobile individuals—create significant barriers to accessing essential healthcare services, further increasing vulnerability to health risks, including Mpox. Therefore, urgent action is required to enhance the capacity to detect, prevent, and respond effectively to the spread of Mpox in DRC.

COORDINATION

IOM DRC participates in the Humanitarian Country Team, United Nations Country Team, and Programme Management Team and is a committed member of the Water, Sanitation, and Hygiene (WASH), Shelter, and Protection Clusters; Non-Food Items (NFI) and Gender-Based Violence (GBV) sub-clusters; as well as the Information Management (IM) and Durable Solutions Working Groups; Mental Health and Psychosocial Support (MHPSS) Sub-working Groups; Accountability to Affected Populations (AAP) and Protection against Sexual Exploitation and Abuse (PSEA) task forces and networks, at national and provincial levels. Together with the United Nations High Commissioner for Refugees (UNHCR), IOM is co-leading the Camp Coordination and Camp Management (CCCM) Cluster that was activated in June 2022 at the national level as well as in three provinces (North Kivu, Tanganyika, and Ituri). As co-lead, IOM works closely with Government counterparts at the provincial level, notably, the Commission Nationale pour les Réfugiés (CNR) and the Division des Affaires Humanitaires (DIVAH) in charge of site administration. To support localization, IOM also partners with local non-governmental organizations (NGOs) to provide shelter, track displacement through its Displacement Tracking Matrix (DTM), and deliver health assistance and CCCM services. IOM's humanitarian work supports the efforts of the Ministry of Humanitarian Action and the Ministry of Interior.

Furthermore, a UN Migration Network has been established to ensure effective, coherent, and coordinated support at the national level for the implementation and monitoring of the initiatives on the Global Compact for Migration.

In addition, IOM is a key partner of the Ministry of Health and an active member of the Health Cluster, working with the Expanded Programme on Immunization (EPI), the National Tuberculosis Control Programme, and the National Border Hygiene Programme (PNHF). IOM prioritizes the response to Mpox by collaborating with these partners and the Health Cluster to implement comprehensive prevention, control, and treatment strategies). As co-lead of the point of entry pillar as described in the Mpox continental preparedness and response plan for Africa, IOM supports the government in preparing for and responding to epidemics and public health events of international concern along the mobility continuum. This includes specific measures for Mpox preparedness, emphasizing rapid response and coordination with health authorities to mitigate the outbreak's impact. It also includes assistance to improve coordination and collaboration mechanisms between the various border services, as well as between the PNHF and the different response and preparedness commissions. IOM collaborates with the Ministry of Health in the provision of pre-migration health assessments for immigrants and refugees departing from the DRC through resettlement programmes. IOM also works with the relevant structures of the Ministry of Health to provide access to MHPSS services, particularly in areas affected by conflict.

As part of its efforts in the areas of community stabilization, community-based reintegration and promoting durable solutions to displacement, IOM collaborates with and supports the efforts of the Ministry of Interior, the Ministry of Planning, the Ministry of Foreign Affairs and Congolese Abroad, the Ministry of Employment, Labour and Social Welfare, the Ministry of Health, the Directorate General of Migration, and the Directorate General for National Border Management. At the community level, IOM collaborates with civil society organizations, local NGOs, and community groups,

particularly through local dialogue and inclusive and participatory governance processes. IOM works with local NGOs and community health workers to raise awareness about infectious disease prevention and to ensure vulnerable populations have access to necessary health services.

IOM CAPACITY

IOM in the DRC has a strong geographical presence throughout the country, with strategically located offices, including the main office in Kinshasa and various sub-and satellite offices in North Kivu, South Kivu, Ituri, Tanganyika, Haut Katanga, Kasai Oriental, Kasai, Kongo Central, Kwango, Sud Ubangi and Nord Ubangi. IOM has been implementing humanitarian response and stabilization programmes in the DRC for more than 10 years and has expanded its activities in response to the growing humanitarian crisis and continuing instability in the DRC. IOM provides its expertise in supporting the Ministry of Health to strengthen national intersectoral capacities in terms of disease surveillance, epidemic preparedness and outbreak response; and deliver immediate and effective responses in the event of a crisis, taking into account the “One Health” approach at points of entry (PoEs) and IDP camps. Furthermore, IOM in DRC has been running a long-term Migration Health Assessment Centre (MHAC) in Kinshasa, that promotes the health of migrants through the initiation of preventative and curative interventions for conditions that, if left untreated, could have a negative impact on the migrant’s health and/or the public health of the host communities. The programme addresses individual health and safety and manages conditions of public health concerns as individuals move across geographical, health system, and epidemiological boundaries. The MHAC also plays a critical role in providing infectious disease-related health assessments and vaccinations for migrants, addressing public health concerns associated with cross-border movement. IOM is currently implementing emergency operations covering CCCM, information management/displacement tracking, shelter/NFIs and site planning, WASH, protection, and MHPSS in displacement sites, host communities, and return areas in the North Kivu, South Kivu, Tanganyika and Ituri provinces. IOM in DRC has deployed dedicated technical teams for its emergency response, which are currently based in eastern DRC but could support emergency relief efforts in other provinces facing new crises. This system has enabled IOM to maintain an active presence in intervention areas and to cascade capacity-building and monitoring activities. In these emergency operations, IOM incorporates Mpox response and other infectious disease measures, including health education campaigns, epidemiological surveillance at points of entry and the provision of infection prevention and control equipment to prevent further spread within vulnerable populations. Additionally, in the North Kivu, South Kivu, Ituri, Tanganyika, Kasai Oriental, Kasai and Haut-Katanga provinces, IOM is implementing community stabilization and peacebuilding projects. This includes community-based reintegration programmes for ex-combatants, vulnerable community members, and IDPs, as well as security sector reform programming to strengthen state authority in conflict-affected areas. Furthermore, IOM is also supporting recovery efforts by contributing to sustainably resolving long-term displacement and enabling populations to attain durable solutions by providing equitable access to services and promoting inclusive governance and social cohesion.

ACCOUNTABILITY AND EMPOWERMENT

In its emergency programmes, IOM supports the establishment of governance structures in sites hosting internally displaced persons to support the provision of assistance and protection and ensure the direct participation of displaced populations, including in decisions affecting their lives. Populations participate in various activities, including sensitization sessions and identification of vulnerable populations, notably through committees. IDP committees are formed to represent various groups within the site population (youth, elderly, women, people with disabilities, etc.), and support in technical areas (WASH, protection, etc.) and are provided with technical training on their roles and the functioning of the sites as well as protection. They also participate in various sensitization sessions, including on site maintenance activities. Participatory approaches are put in place to engage people that IOM seeks to assist through its interventions, including in health, and ensure AAP. Activities such as consultations and focus group discussions with the affected populations, joint visits with the affected populations, and key informant interviews with community representatives, local authorities, and relevant partners are organized to further inform tailored assistance and identify the most vulnerable households. As part of durable solutions initiatives, displaced populations participate in “go and see visits”. Furthermore, multiple channels are put in place for beneficiaries to lodge complaints and feedback, using a variety of options based on language, literacy rate, and preference.

In its transition and recovery programming, IOM has established inclusive and participatory local governance and democratic dialogue mechanisms. IOM also continues to conduct conflict sensitivity studies while ensuring that gender and protection issues are considered at the core of all programmes. Tools and communication messages are adapted for men, women, girls, and boys as well as people with disabilities. Joint awareness-raising dialogues around peace and social cohesion at the community level are developed within community-based groups and cooperatives. IOM continues to assess and mitigate protection risks throughout project implementation. Furthermore, IOM ensures that all vulnerable groups are heard by holding specific focus group discussions with female representatives to facilitate the free sharing of gender-specific concerns. Feedback mechanisms are made available in the projects and the inter-agency hotline where populations can report any alleged fraud or sexual exploitation and abuse (SEA) is promoted.






ENGAGING WITH THE GOVERNMENT

Engagement with the Government of the DRC, through the various ministries, is a precondition to any activity that IOM intends to implement. IOM







ensures the engagement, participation, and ownership of government partners in its interventions. To address the needs of vulnerable populations, IOM works closely with the authorities at the national and local levels to conduct capacity reinforcement for alignment with national initiatives and to promote local ownership, as well as with specialized government entities tasked as Site Administrator, namely the Division des Affaires Humanitaires (DIVAH) and the Commission nationale pour les Réfugiés (CNR), to support them in fulfilling their role. Government authorities are also involved in the process of verification and validation of population displacement figures through the Commission of Population Movements and the Ministry of Interior. Furthermore, IOM facilitates the establishment and operationalization of various inclusive and participatory local governance forums and democratic dialogues that bring together local authorities, security services, returnees, and host communities to ensure the inclusive and participatory management of local security and development issues. Since the launch in 2021 of the Disarmament, Demobilization, Community Reintegration, and Stabilization Programme (P-DDRCS), IOM has been supporting national and provincial coordination in the development and implementation of provincial operational plans (POPs) and roadmaps. IOM continues to facilitate the deployment of P-DDRCS teams at the provincial level and facilitates several consultations bringing together provincial and local authorities, community leaders, former combatants, representatives of armed groups, youth and women's associations, customary authorities, and technical partners to discuss reintegration needs and the stabilization of the concerned communities and groups. Following the World Health Organization's second designation of Mpox as a global health emergency, IOM has stepped up its efforts to assist the government of DRC in controlling the spread of the virus. IOM will support the ongoing national Mpox initiatives led by the Ministry of Health and will collaborate closely with the Ministry of Health, the National Institute of Public Health (INSP), the Public Health Emergency Operations Centre (PHEOC), the Ministry of Livestock, Fisheries and Animal Industries, the Ministry of Planning, and the One Health National Platform. This collaboration will occur in coordination with the Health Cluster and other UN agencies and partners supporting the ongoing Mpox response. IOM will also continue to harness and work closely with local authorities to ensure that outreach activities are culturally appropriate, sensitive, and acceptable to community members in order to maximize their impact. Moreover, IOM remains dedicated to aiding DRC in fulfilling the implementation of International Health Regulations (IHR) at borders and along migration routes. The Organization's objectives and activities will align with those outlined in the National Action Plan for Health Security (NAPHS) 2020-2024, focusing on priority gaps identified in the Joint External Evaluation (JEE) 2018, State Party Self-Assessment Annual Reporting (SPAR) 2022, and Performance of Veterinary Services (PVS) 2007.

IOM RESPONSE

CROSS CUTTING PRIORITIES

-  Data and evidence
-  Protection mainstreaming
-  Gender equality
-  Prevention of sexual exploitation and abuse
-  Disaster risk and climate change

KEY OPERATING MODALITIES

-  Participation and empowerment
-  Conflict sensitivity
-  Integrated programming
-  Collaboration and partnership
-  Localization
-  Cash-based interventions

SAVING LIVES AND PROTECTING PEOPLE ON THE MOVE

Funding Required
\$137,800,000

People Targeted
1,500,000

People Targeted Description

IOM will continue to provide multisectoral lifesaving assistance to IDPs residing in collective settlements including sites as well as in host communities, and to host populations, with a focus on vulnerable groups. Humanitarian assistance provided by IOM encompasses shelter and NFIs; services in WASH; CCCM and health including sexual and reproductive health, outbreak response, reinforcement of emergency and routine immunization and MHPSS; and protection activities. IOM will also assist survivors of trafficking and smuggling, mobile populations and travelers targeted by the vaccination services as well as strengthen the capacities of border officials on humanitarian border management. To address the needs of the most vulnerable and affected communities, IOM will work in close coordination with the humanitarian community through the cluster system and Humanitarian Country Team, as well as with civil society organizations, NGOs, sister UN agencies and government counterparts at the national and provincial levels. Grounded in risk analysis, IOM will also work in close cooperation with key governmental and non-governmental stakeholders to strengthen preparedness efforts. Furthermore, IOM will continue collecting, analyzing, and disseminating comprehensive data on population movement in DRC, and share information with partners from the government, the humanitarian community, and development actors to ensure evidence-based responses across the

humanitarian, development and peace nexus (HDPN).

15%
Funding Confirmed



85%
Funding Gap



CAMP COORDINATION AND CAMP MANAGEMENT

As the co-lead agency of the CCCM cluster and one of the very few operational actors in the country managing IDP sites, IOM will continue its interventions in CCCM to provide a principled and protection-based site response, ensuring the mainstreaming of actions to address protection risks, including GBV. CCCM interventions will include:

- Deploying camp management services in collective settlements to facilitate the establishment of site governance structures, strengthening capacities of IDP committees, and ensuring meaningful participation and representation of groups, including women and girls and other groups, exposed to higher risks of exclusion, violence, abuse and exploitation.
- Ensuring the close coordination of actors delivering assistance and conducting protection activities in sites, monitoring the delivery of services and advocating for the gaps to be filled in line with local minimum standards.
- Establishing and handling complaints and feedback mechanisms (CFMs) in sites, and supporting referrals to relevant actors for response and advocacy, guaranteeing that protection needs and incidents are referred directly to specialized actors.
- In coordination with the Displacement Tracking Matrix (DTM) Unit and relevant partners and in line with IOM's Data Protection Principles, managing information about the displacement situation in collective settlements including the mapping and profiling of sites, registration exercises, the monitoring of new arrivals and departures from sites as well as return trends, and conducting thematic assessments and surveys such as safety audits, vulnerability assessments or intention surveys.
- Supporting respective governmental partners to strengthen their role as camp administrators.
- Implementing site planning, improvement or restructuring works to ensure safer and more dignified living conditions for displaced populations and supporting the establishment of new sites including to decongest collective centres such as schools, as a last resort solution.
- Advocating for land allocation and supporting the joint identification and assessment of suitable land to develop these new sites, while ensuring the newly established sites have exit strategies in place.
- Providing transportation assistance to displaced populations currently hosted in collective centres (schools, churches) or dangerous areas to ensure their safe transfer to existing or new displacement sites, as necessary.
- Advocating for and coordinating efforts for informed and voluntary return, relocation and/or local integration for displaced populations (durable solutions) and accompanying IDPs towards achieving them through the provision of orientation and transportation support to the return/relocation areas.
- Strengthening capacities of community leaders, humanitarian partners, and governmental entities in CCCM, and raising the awareness of the government and humanitarian partners on international protection and assistance principles, including on site closures and achieving durable solutions.
- Co-leading the Cluster with UNHCR at the national and provincial levels, providing strategic guidance, technical and capacity-building support, and conducting advocacy on behalf of all actors involved in CCCM activities.

Funding Required
\$15,000,000

Funding Confirmed
\$3,609,985

24%

76%



H(N)RP



SHELTER AND SETTLEMENTS

IOM DRC will continue to implement context-specific shelter interventions in displacement sites, host communities and areas of return/resettlement to ensure populations have dignified and safe living conditions and minimize health- and protection-related risks, including GBV. Following community-based needs assessments, IOM will continue targeting the most vulnerable IDPs residing in sites and in host communities and returnees, in eastern DRC and other provinces affected by crises to provide them with emergency, transitional and durable shelter solutions based on their needs, and non-food items (NFI) kits through various modalities, including in-kind and/or cash-based assistance. IOM activities will include:

Funding Required
\$35,000,000

Funding Confirmed
\$3,645,080

- Distributing shelter construction materials or cash assistance for emergency, transitional and durable shelters, while ensuring that materials used are adapted to the local context and quality standards and aligned with the Shelter Cluster guidelines.
- Supporting construction by providing technical training on safe construction to community members and ensuring that housing, land, and property issues are duly addressed.
- Providing tailored assistance to vulnerable households (including persons with specific needs, persons with disabilities, women heads of households, pregnant and breastfeeding women, and people at risk), including support for labour to ensure that their shelter needs are met.
- Continuing to engage beneficiaries in the design, implementation and evaluation of interventions to ensure context-specific shelter solutions (e.g. emergency shelter, transitional shelter, cash-based modalities) are provided, using an inclusive approach.
- Constructing communal hangars as a last resort to host displaced populations who must vacate collective centres (schools, churches) or while household shelters are under construction, as applicable.
- Distributing standard NFI kits (in-kind or in cash) to the displaced households most in need, as per NFI Sub-Cluster kit composition and guidelines.
- Ensuring protection mainstreaming including mitigation of GBV risks and supporting accessibility, notably for persons with disabilities, throughout all shelter and NFI interventions.
- In support of durable solutions, accompanying voluntary return, relocation and local integration of the displaced population through the provision of transitional and durable shelters.

10%

90%



PROVISION OF WATER, SANITATION AND HYGIENE IN EMERGENCIES

IOM in DRC will expand its WASH interventions to continue reinforcing access to quality and safe WASH services for conflict- and disaster-affected populations, as well as tackling the risk of outbreaks and water-borne diseases and improving hygiene practices in sites, host communities, areas of relocation/return and communities facing epidemics, in eastern DRC and other affected provinces. WASH interventions, which will integrate protection and GBV mitigation measures and promote accessibility, will include:

Funding Required

\$30,000,000

Funding Confirmed

\$3,425,272

- Ensuring the construction and/or rehabilitation of handwashing stations, showers, and latrines separated by gender, and equipped with locks and lights to reduce risks of GBV; as well as the maintenance and decommissioning of emergency sanitation facilities.
- Building and/or rehabilitating water systems or networks, notably with solar energy, for water distribution including boreholes, the construction/rehabilitation of water networks from water sources, and mobilizing water trucking, as necessary.
- Ensuring the engagement and participation of the affected populations throughout the planning, construction, and maintenance of infrastructures, especially through community-based WASH committees in displacement sites.
- Carrying out hygiene promotion activities in sites and host communities based on a thorough understanding of local hygiene knowledge, attitudes, and practices to minimize risks of waterborne diseases.
- Providing WASH support in schools, in health facilities and at health screening points (points of entry and points of control).
- Distributing hygiene kits to displaced populations as well as menstrual hygiene management (MHM) kits to displaced women and girls of menstruating age (between the ages of 12 and 49).
- Strengthening the capacity of IOM personnel, partners, and WASH committees to ensure effective operation and quality of WASH infrastructures.
- In support of durable solutions, providing assistance for voluntary return, relocation and local integration to the displaced populations through the provision of WASH services.

11%

89%



MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT IN HUMANITARIAN RESPONSE

IOM will provide community-based mental health and psychosocial support (MHPSS) services to conflict-affected communities with a focus on services that will contribute to reducing suffering, improving psychosocial well-being and strengthening resilient capabilities among IDPs. All activities will be in line with the

Funding Required

\$10,000,000

Funding Confirmed

IASC MHPSS Guidelines in Emergency Settings (2007) and the IOM Manual on Community-Based MHPSS in Emergencies and Displacement (2021). Interventions will include:

\$108,385

- Deploying interdisciplinary psychosocial mobile teams (PMTs) to deliver psychosocial services (counselling, mediation, psychoeducation, creative and art-based activities, sports and cultural activities, sensitization, and informational activities) and to support dialogue, mutual support, agency, and trust in divided and violence-torn communities, targeting both IDPs and host community members.
- Establishing MHPSS hubs (temporary centres) in IDP camps and host communities, engaging local resources and existing groups such as community focal points, volunteers, social and cultural activists, sports clubs and theatre ensembles, religious congregations, and media networks (including community radios and social media) to provide psychosocial services that are culturally and socially aligned with local values, social dynamics, and effective communication.
- Providing focused psychosocial services (such as individual and group counselling) to people in need. Special attention will be provided to survivors of GBV and their families to address stigma and promote inclusion.
- Ensuring referrals to specialized services and follow-up (case management) to individuals who might require psychiatric or clinical care, always in the frame of a community-based MHPSS approach and a multi-layered system of psychosocial services (in line with the IASC Pyramid).
- Strengthening the capacity of IOM personnel, civil society, and government partners in the field of community-based MHPSS, including the promotion of a survivor-centred approach in the case of GBV in strict cooperation with the National Programme of Mental Health (PNSM).
- Strengthening the coordination capacities of MHPSS Technical Working Groups at the national and provincial levels, providing technical assistance to institutional partners (Provincial Health Divisions, PNSM) and engaging UN agencies and international NGOs in joint initiatives, particularly as far as capacity-building, referral systems and advocacy initiatives are concerned.

1%

99%



■ IOM



PROTECTION

In a context marked by extreme violence and frequent human rights violations, IOM will contribute to the overall protection response through various activities, including:

Funding Required

\$10,000,000

Funding Confirmed

\$296,876

2%

98%



■ H(N)RP

- Promoting protection and improving the well-being of vulnerable crisis-affected communities in sites by ensuring that people in need have access to quality protection services in a dignified manner, supporting the establishment or strengthening of protection committees in coordination with the Protection Cluster and supporting the protection committees with appropriate tools and capacity-building initiatives to enhance community-based protection structures.
- Provide support to groups with specific needs, notably through disability inclusion actions and promoting accessibility for persons living with disabilities.
- Ensuring the mitigation of protection/GBV risks through the provision of trainings/capacity-building on protection and GBV, safety audits, and assessments, consultations with groups with specific needs, and ensuring referral pathways are in place and populations know them, in line with IOM's Institutional Framework for Addressing GBV in Crisis.
- Providing support to women and girls, including by distributing flashlights and dignity kits to the most vulnerable, which has been identified as a priority need. As part of the GBV response, supporting local NGOs who provide services to survivors.
- Mainstreaming protection against sexual exploitation and abuse (PSEA) throughout IOM's response and ensuring that reporting mechanisms are in place to facilitate referrals of persons in need of support and addressing situations of misconduct, as well as guaranteeing accountability to the affected population, in line with the IOM's AAP Framework. PSEA is a key priority for the Mission with a dedicated staff who coordinates the implementation of the PSEA action plan including the training of all IOM staff and partners, sensitization campaigns among communities and contributions to inter-agency efforts.
- Providing technical support to the National Coordination for Youth, and the Fight Against Sexual Violence and Trafficking in Persons for the development of a national strategy to address trafficking in persons issues among conflict-affected communities.
- Combating trafficking in persons (TiP) in crisis settings, through the mapping of available services, awareness-raising among at-risk communities and capacity-building of key government and non-government partners.



HUMANITARIAN BORDER MANAGEMENT AND SERVICES FOR CITIZENS ABROAD

IOM will reinforce its border management programming by assessing capacity and supporting measures for border officials on humanitarian border management. Activities will include:

- Strengthening capacities of border officials on humanitarian border management including protecting the rights and dignity of migrants at borders, identification and referral of possible human trafficking cases, counter smuggling of migrants in crisis scenarios, upholding standards of international protection, child protection, and raising awareness on GBV.
- Reinforcing awareness and adherence to refugee law including the 1969 Organization of African Unity (OAU) Refugee Convention by ensuring appropriate application in contexts of complex and mixed movements and backed by technical guidance on inspection, screening, and referrals.
- Supporting the establishment of communication channels and entry points for cooperative agreements between States, ie. Angola, Burundi, Rwanda and Uganda to maintain open borders and facilitate the movement of humanitarian goods and personnel.
- Operationalizing the curriculum on gender, human rights and border management already developed by IOM (through capacity-building of law enforcement, and migration officials).

Funding Required
\$1,500,000



DIRECT HEALTH SUPPORT

The overall risk of disease outbreaks in conflict-affected areas is very high due to persistent aggravating factors that have historically led to such outbreaks, worsened by increased displacement. Mobile populations are experiencing a lack of safe water, malnutrition, crowded and unsanitary living conditions in temporary shelters, and interruptions in essential health services, including sexual and reproductive health. Routine and supplementary immunization efforts have been affected, heightening the risk of vaccine-preventable diseases. This plan is strategically aligned with IOM's Health Border and Mobility Management (HBMM) framework, aiming to enhance health surveillance and response in crisis situations, particularly among mobile populations, including border communities and nomadic groups. IOM efforts will include:

- Supporting disease outbreak preparedness and response through mass and routine vaccination, community-based surveillance, and enhanced risk communication and community engagement, including managing rumors and misinformation (e.g., related to COVID-19), while promoting vaccine acceptability among IDPs and migrants.
- Mainstreaming sexual and reproductive health (SRH) in IOM's emergency response through a multisectoral approach to address the needs of girls, pregnant women, and GBV survivors.

Funding Required
\$19,300,000

Funding Confirmed
\$239,084



To support the Mpox national preparedness and response plan, IOM proposes actions to limit transmission and cross-border spread of the Mpox epidemic by:

- Enhancing the evidence base on the human mobility dimensions of communicable disease for effective prevention, detection, and response.
- Building health system capacity at points of entry (PoEs) and along mobility corridors for communicable disease prevention, detection, and response.
- Empowering migrants, mobile populations, and host communities in communicable disease prevention and response.
- Promoting mobility-sensitive and inclusive policy, legal, and strategic frameworks.
- Strengthening multisectoral partnerships and coordination, including cross-border collaboration.
- Providing technical support to the national IHR focal point and Border Health Agency (PNHF), health zones, national health authorities, IDP camps, and mobility corridors. This support will include field supervision, coordination strengthening, policy reviews, and overall health system enhancement to manage alerts generated at PoEs, IDP camps, and mobility corridors. Activities at PoEs and Control Points (POC) will facilitate population movement filtering by identifying suspicious cases, raising alerts, disseminating prevention messages, and promoting hand hygiene.
- In support of the Mpox vaccination strategic plan and in partnership with EPI and PNHF, enhancing adherence to new Mpox vaccines among mobile populations through a multisectoral strategy, leveraging experience from COVID-19 and EVD vaccine deployment. This approach includes providing migrants and mobile communities with clear, accurate vaccine information, ensuring easy

access, and addressing systemic barriers. Building trust within migrant communities is essential, achieved by involving local leaders and healthcare providers to tackle misinformation.

- Providing mental health and psychosocial support (MHPSS) to mobile populations, including IDPs, migrants, returnees, cross-border traders, and travelers affected by Mpox. Strategies will focus on reducing fear and stigma through accurate information dissemination, promoting mental health and psychosocial well-being, and fostering dialogue and mutual trust. MHPSS activities will aim to strengthen inclusion and social cohesion by engaging community leaders and stakeholders for participation, two-way communication, and culturally sensitive support.



EMERGENCY PREPAREDNESS

IOM will provide support in the development of the preparedness capacity of government and non-government partners in humanitarian response and assisting vulnerable populations who are likely to be severely affected by the impact of disasters and crises. IOM's initiatives will include:

- Providing training on emergency preparedness and disaster risk reduction (DRR) to crisis-affected communities in line with CCCM and evacuation, shelter response and recovery programmes including the Mass Evacuation in Natural Disasters (MEND) training.
- Strengthening the capacity of government officials at the national and sub-national levels on disaster preparedness and climate change adaptation, including the development of Contingency Plans for hazards identified at the sub-national level.
- In collaboration with local authorities, UN partners and NGOs, supporting opportunities for pre-positioning of NFIs at the sub-national level to deliver faster emergency response in case of sudden crises or disasters
- Conducting Population Mobility Mapping (PMM) to inform preparedness for outbreaks and other public health events.

Funding Required
\$7,000,000

Funding Confirmed
\$47,824



DISPLACEMENT TRACKING

IOM's Displacement Tracking Matrix (DTM) will continue to track and monitor populations' movements across DRC to provide data for action and insight. The DTM response will focus on conducting mobility tracking, event tracking, site assessment, flow monitoring and registration activities to support IOM's internal emergency interventions as well as in response to partner requests for data, especially for humanitarian, recovery, durable solutions and peacebuilding programming, in support of the HDPN approach. Information products, including maps, population data and information on needs and gaps in service provision in sites, will be shared in a timely manner with humanitarian and development actors via the DTM mailing list and the Information Management Working Group, as well as uploaded on the DTM webpage, in accordance with IOM's Data Protection Principles. Interventions will include:

- Regularly monitoring populations' movements and providing the humanitarian and development community with a comprehensive picture of the figures, profiles and needs of displaced populations and returnees including information regarding areas hosting displaced populations.
- Following alerts on new populations' movements, carrying out emergency tracking assessments to rapidly collect information on the numbers of newly displaced persons, areas of origin, locations of displacement and humanitarian assistance required and triangulating information from assessments conducted by other partners to update the overall IDPs' database and regularly provide accurate information on overall displacements including on climate change- and disaster-related displacement. IOM will also develop crisis analyses in contexts that require them.
- Producing and updating maps of IDP sites and return/relocation villages and sharing them with the humanitarian community.
- Conducting registration exercises in sites and collective centres (possibly biometrically if required) as well as intention surveys on durable solutions and ad hoc thematic assessments, when required, such as on AAP.
- Using a data-driven approach, mapping out HDPN needs in communities of return to inform a holistic and sustainable (re)integration approach through appropriate coordination frameworks and partnerships.

Funding Required
\$10,000,000

Funding Confirmed
\$1,862,637



- Conducting village assessment surveys (VAS) to collect data on returning IDPs, returned migrants and host community members as part of the durable solutions strategy to improve access to services and livelihoods and facilitate reintegration.
- Preparing information products based on the Transhumance Tracking Tool to address transhumance-related issues to foster related policies and strategies.
- Continuing to support preparedness and response to health emergencies including Ebola virus disease (EVD), cholera and other emerging epidemics. This includes the village-level assessment of the availability of health facilities among the surveyed communities.
- Establishing a climate vulnerability tracking tool to assess climate vulnerabilities and environmental hazards.



Socio-economic reintegration through community works, Ituri province. ©IOM2023

DRIVING SOLUTIONS TO DISPLACEMENT

Funding Required

\$61,700,000

People Targeted

800,000

People Targeted Description

IOM will target conflict-affected populations and/or communities affected by natural hazards, including IDPs, returnees and host communities. IOM will also target former combatants and their dependents, as well as communities of return, to address their needs and support community-based reintegration and reconciliation. People living in mining sites, with a focus on vulnerable populations such as youth and women, will also be targeted through programmes focusing on promoting local security, responsible minerals trade and good governance. To address underlying causes of conflict and disasters, IOM will work in close coordination with the national and provincial governments, civil society organizations, the Congolese national police, MONUSCO and other relevant government entities such as P-DDRCS. To mitigate the adverse impacts of climate change, natural hazards and public health events with international concern, IOM will work in close cooperation with the Ministry of Health, the Ministry of Environment, the Ministry of Interior and Civil Protection as well as national NGOs and civil society organizations on disaster risk reduction initiatives. IOM activities will notably target health and border officials working at points of entry and health facilities at borders and along major mobility routes; and authorities and communities in areas affected by disasters, public health outbreaks, or exposed to major risks due to adverse effects of climate change and environmental degradation.

36%
Funding Confirmed



64%
Funding Gap



COMMUNITY STABILIZATION

IOM's community stabilization programme will continue to employ a coordinated and holistic approach

Funding Required

including democratic dialogue, strengthening state authority, return, reintegration, and economic recovery, as well as responsible minerals trade. Complementing ongoing peacebuilding and peace preservation initiatives, IOM activities will be implemented in line with the strategy of the Disarmament, Demobilization, and Recovery, Community and Stabilization Programme (P-DDRCS) of the Congolese government. Strategic components of IOM programming include:

- Promoting social cohesion through intra- and inter-community events and activities, working towards common goals benefitting the whole of the community, such as community infrastructure rehabilitation or socioeconomic cooperatives, in coordination with livelihood and peacebuilding initiatives.
- Provide social (re)integration support activities such as public information campaigns and activities, strengthening community social cohesion (in coordination with a peacebuilding component).
- Strengthening government capacities to establish the rule of law by enabling the Congolese National Police to perform core functions and deliver basic services through long-term police professionalization training and coaching, as well as the provision of infrastructure and equipment.
- Increasing confidence and mutual trust between the government authorities and the Congolese population through the promotion of inclusive and participatory local security governance mechanisms.
- Enabling communities to manage local conflicts by building their capacities on democratic dialogue and mediation, as well as establishing conflict early warning, prevention, and resolution mechanisms.
- Strengthening government capacities to ensure responsible minerals trade and promoting mutual sharing and protection of natural resources.

\$8,000,000

Funding Confirmed
\$3,174,602

39%

61%



LIVELIHOODS AND ECONOMIC RECOVERY

IOM will continue to support the generation of sustainable livelihoods and economic recovery in sites and areas of return and reintegration of vulnerable populations. Programming in return areas will be aligned with the durable solutions approach for IDPs, and conflict-affected communities through the provision of immediate and longer-term support, in line with IOM's Progressive Resolution of Displacement Situations (PRDS) framework for a broader and more inclusive approach's pillar (3) access to sustainable livelihoods. These initiatives will include:

- Increasing access to livelihoods and promoting economic resilience and recovery through various interventions including cash-for-work schemes, vocational training, reinforcing of local markets and value chains, creating village loans and savings organizations and improving access to micro-credit.
- Strengthening economic recovery and value chains through the creation of economic cooperatives, rehabilitation of agricultural feeder roads and markets, and support to agricultural processing initiatives and other collective and individual income-generating activities in order to reinforce livelihood opportunities by selecting adequate modalities such as in-kind or cash and vouchers (in coordination with the community stabilization component).

Funding Required
\$7,000,000

Funding Confirmed
\$394,550

5%

95%



MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT IN TRANSITION AND RECOVERY

IOM will develop an MHPSS strategy to complement the IOM transition and recovery programme in post-crisis communities. Initiatives will include:

- Strengthening and implementing community-based psychosocial support aiming at mending the social fabric and promoting social cohesion, including socio-relational and cultural activities built on existing practices in the targeted communities.
- Supporting capacity-building of health professionals, local police, and security actors on mental health issues and skills such as psychological first aid (PFA), community-based psychosocial approaches, basic MHPSS concepts, stress management, communication skills, and others to be identified through a capacity needs assessment.
- Providing MHPSS for former combatants, including supporting facility-based and community-based approaches that aim at addressing mental health disorders as well as accompanying the reintegration of combatants within the family and wider community circles, to protect and promote the well-being

Funding Required
\$5,000,000



of both the individual and the community, and address stigma and isolation.



PEACEBUILDING AND PEACE PRESERVATION

In complement to its community stabilization programming and based on the lessons learned from IOM's durable solutions approach, IOM will strengthen and expand its disarmament, demobilization, reintegration, reconciliation and resettlement (DD/RRR) programming. The programming will use a community-based approach in line with the national and provincial operational strategies of the DRC Government's P-DDRCS. This will include the following programmatic elements as part of the peacebuilding and peace preservation programme:

- Supporting community-based planning to ensure locally driven, and owned (re)integration of former combatants and vulnerable populations based on the local governance processes under the community stabilization programming.
- Implementing rehabilitation/construction of priority community infrastructures through a cash-for-work approach for early economic recovery and as symbolic reparations for conflict-affected communities;
- Providing community-based and community-centred socio-economic (re)integration support to ex-combatants, their dependents and communities of return.
- Supporting voluntary repatriation and resettlement of foreign ex-combatants and their dependents.
- Advocating at various fora (e.g. UNCT, clusters, etc.), to donors, and local authorities for coordinated efforts and programming across the humanitarian, development and peace nexus.
- Supporting provincial, national and regional coordination mechanisms to facilitate effective planning, implementation and monitoring of community-based reintegration of ex-combatants and their dependents.
- Deploying and regularly updating the DTM Stability Index for data-driven programming and effective HDPN coordination according to local needs and priorities.

Funding Required
\$12,000,000

Funding Confirmed
\$2,974,448

24% 76%



■ IOM



HEALTH SYSTEM STRENGTHENING

IOM will support the strengthening of a migration-sensitive health system as well as the Global Health Security Agenda (GHSa) to be prepared and respond to public health hazards with a focus on Mpox, rapidly detect and report outbreaks when they occur and employ an interconnected global network that can respond effectively to limit the spread of infectious disease outbreaks in humans and animals, mitigate human suffering and the loss of human life, and reduce economic impact. This will include efforts on:

- Strengthening capacities of points of entry (PoE) frontline workers on integrated disease surveillance and response along mobility corridors and IDP host communities through training to build International Health Regulations (IHR) capacities at designated PoEs.
- Providing technical support to facilitate coordination and information-sharing of data between DRC and neighbouring countries.
- Strengthening partnerships between PoE and health structures through the establishment of standard operating procedures (SOPs) and partnership agreements.
- Supporting a well-functioning health information system that ensures the production, analysis, and dissemination of information for PoEs and health facilities, including integration data into the District Health Information Software (DHIS) platform along the mobility corridors and IDPs' host communities.
- Improving access to public health services for migrants and mobile populations through technical support (development of strategies and standard operating procedures), strengthening the capacity of health services in migrant-dense areas/IDP host communities via training health personnel, rehabilitating health facilities and providing necessary supplies and equipment.
- Reinforcing the capacity of the border health national agency (PNHF) at all levels to improve the minimum core IHR capacities at the PoEs at any time (routine) and in the event of a public health emergency of international concern (PHEIC).
- Reinforcing the capacity of the Ministry through the creation of a migration health desk that enhances the technical capacity within the Ministry of Public Health, Hygiene and Prevention, to address the

Funding Required
\$27,200,000

Funding Confirmed
\$15,242,583

56% 44%



■ IOM

integration of the health needs of the mobile population into the national health system (including migrants, IDPs, refugees, and returnees).

IOM will also support the health authorities in developing emergency preparedness plans, including identifying emergency public health risk reduction and prevention measures, and foster a migration-sensitive approach to preparedness and risk reduction in line with and based on the IOM Health Border and Mobility Management (HBMM) Framework. The intervention will include:

- Improving data collection and evidence on the links between mobility and public health emergencies through population mobility mapping exercises, studies, and flow monitoring.
- Strengthening epidemiological surveillance at points of entry and along mobility corridors to prevent, detect and respond to disease outbreaks.
- Supporting COVID-19, Ebola virus disease, cholera, mpox, and other communicable disease preparedness and response with a focus on preventing and monitoring risks of epidemic spread across borders and along major mobility routes in the country.
- Supporting the development of strategies and mechanisms to improve community event-based surveillance (CEBS) in mobility corridors, border and cross-border communities, and host, and migrant-dense communities.
- Supporting the implementation of public health measures such as vaccines preventable diseases vaccination at points of entry, in IDP sites and mobility corridors.



ADAPTATION AND DISASTER RISK REDUCTION

IOM will support the strengthening of adaptive evidence-based policy while reducing migration risk issues in the context of climate change, environmental degradation, and natural disasters. Key interventions will include:

- Reducing knowledge gaps by conducting deep-dive studies on migration, environment and climate change, as well as mapping disaster risk reduction (DRR) risks and comprehensive hazard/vulnerability assessment.
- Supporting the drafting, reviewing, and updating of local policies on disaster risk reduction and management and climate change adaptation plans considering mobility dimensions through the provision of training, equipment and tools.
- Supporting Government entities in realizing key commitments in the Kampala Ministerial Declaration on Migration, Environment, and Climate Change (KDMECC).
- Embedding climate migration in provincial development plans and in the country's climate adaptation strategy.
- Building climate resilience and adaptation for vulnerable communities.
- Supporting the establishment of a strategy or roadmap to mitigate conflicts related to transhumance movements and their impact on the climate and the environment.

Funding Required

\$2,500,000




■H(N)RP

CONTRIBUTES TO SUSTAINABLE DEVELOPMENT GOALS



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