



Emergency shelter in the Likasi displacement site; territory of Kalemie (Tanganyika). © 2021, OIM DRC.

## IOM VISION

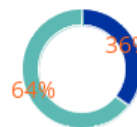
IOM, in collaboration with its partners and other crisis response actors, seeks to improve living conditions of vulnerable populations through the provision of multisectoral humanitarian assistance for conflict-affected populations in the Democratic Republic of the Congo (DRC). IOM aims to also address complex conflict dynamics by creating the necessary conditions for peaceful coexistence through a holistic and multisectoral response at the local, provincial and national levels. Further, IOM will continue to support the government in responding to the COVID-19 pandemic while strengthening preparedness for future public health hazards.

## IOM PROPOSED RESPONSE

OBJECTIVE	FUNDING REQUIRED	FUNDING CONFIRMED
Saving lives and protecting people on the move	25,400,000	14,774,924
Driving solutions to displacement	38,000,000	9,429,822
Strengthen preparedness and reduce disaster risk	3,000,000	330,715
Contribute to an evidence-based and efficient crisis response system	6,000,000	1,300,097

## UPDATED: FEBRUARY 22, 2022

**\$72,400,000**  
Funding Required



**734,000**  
People Targeted

**92**  
Entities Targeted

## CONTACT INFORMATION

Programme Support Unit DRC:  
PSUdrc@iom.int

## PRIMARY TARGET GROUPS

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

## BREAKDOWN OF FUNDING REQUIREMENTS (USD) 2022

OBJECTIVES AND ACTIVITY AREAS	2022
<b>Saving lives and protecting people on the move</b>	
Camp coordination and camp management	7,000,000
Shelter and settlements	10,000,000
Provision of water, sanitation and hygiene in emergencies	7,000,000
Direct health support	1,000,000
Mental health and psychosocial support in humanitarian response	400,000
<b>Driving solutions to displacement</b>	
Community stabilization	13,000,000
Peacebuilding and peace preservation	8,000,000
Durable Solutions	16,000,000
Mental health and psychosocial support in transition and recovery	1,000,000
<b>Strengthen preparedness and reduce disaster risk</b>	
Health components of preparedness and risk reduction	1,500,000
Points of Entry	1,500,000
<b>Contribute to an evidence-based and efficient crisis response system</b>	
Displacement tracking - rename	6,000,000
<b>TOTAL FUNDING REQUIRED</b>	<b>72,400,000</b>

# 2022 - Democratic Republic of the Congo Crisis Response Plan 2022

## CONTEXT ANALYSIS

The eastern Democratic Republic of the Congo (DRC) continues to face challenges related to the actions of armed groups, including violence and massacres against civilian populations. While the situation in the Kasais and Tanganyika regions is characterized by the presence of spontaneous surrenders, with absence of a coordinated and adequately funded disarmament, demobilization, reintegration, and reconciliation process, many ex-combatants continue to face unemployment and poverty, have untreated psychosocial problems, and are faced with social challenges when in multi-ethnic communities. In the Kasai, the situation has been exacerbated by the presence of returnees and expelled Congolese from Angola which increases the pressure on basic social services and means of subsistence. While the Government of DRC and the United Nations (UN) system have agreed to progressively phase out the United Nations Organization Stabilization Mission in the Democratic Republic of the Congo (MONUSCO), there are still needs to consolidate peace in several parts of the country. Further, DRC remains confronted with a protracted, complex and acute humanitarian crisis, which continues to deteriorate as a result of ongoing armed conflicts in the Eastern Provinces (in particular in the North Kivu and Ituri provinces), exacerbated by continued illicit exploitation of and trade by armed groups and criminal networks in natural resources in eastern DRC and the region, as well as increasing violence and protection incidents in different parts of the country. The security situation in Ituri particularly worsened over the year with deadly attacks in Mahagi and Djugu territories as well as tensions among populations. Coopérative pour le Développement du Congo (CODECO) and Allied Democratic Forces (ADF) armed groups continue to target civilians and the Congolese army in Irumu, western Djugu and areas close to Bunia (Ituri province). Despite the state of siege declared by the Congolese authorities since 6 May 2021 to track down and neutralize armed groups in the provinces of North Kivu and Ituri, insecurity continues to spread in these parts of the country leading to violence and massacres of civilians, human rights violations and massive displacement of populations.

According to the humanitarian community, 5,5 million people have been displaced in 13 out of the 26 provinces of DRC and those in need of humanitarian assistance are estimated over 27 million people (HNO 2022). The humanitarian situation has been compounded by ongoing emergence and re-emergence of disease epidemics with complex linkages to population mobility, contributing to burdening the already weak health system. In 2021, the province of North Kivu has faced the resurgence of the Ebola Virus Disease (EVD) in Butembo health zone between February and May 2021 (12th outbreak), and in Beni health zone between October and December 2021 (13th outbreak). Simultaneously, the country has had to contend with several other disease outbreaks since the beginning of 2021, including COVID-19, cholera, meningitis, plague, yellow fever and measles, with efforts focusing on containing the spread of the COVID-19 pandemic both internally and along the borders with neighbouring countries. This epidemiological context is unlikely to change in 2022. The recurrence of natural disasters and disease outbreaks demands continuous efforts to strengthen preparedness and the health system towards effective risk reduction, early detection at facility and community level, and case management with a focus on displaced, host and mobile populations. Programs to support the survivors of epidemics and to strengthen the resilience of health systems and communities in the aftermath of epidemics, while rebuilding the trust of the population, suffer from a lack of investment and institutional commitments.

## COORDINATION

IOM coordinates the implementation of its country strategy through the Ministry of Interior, the Ministry of Planning, the Ministry of Foreign Affairs and Congolese Abroad, the Ministry of Humanitarian Affairs, the Ministry of Employment, Labour and Social Welfare, the Ministry of Health, the General Directorate for Migration (DGM) and the Directorate General for National Border Management. At the community-level, IOM collaborates with civil society organizations, local non-governmental organizations (NGOs) and communities, particularly with regards to local dialogue and inclusive and participatory governance mechanisms. IOM DRC is an active member of the Humanitarian Country Team, United Nations Country Team, Programme Management Team, and similarly, an active member of various clusters namely water, sanitation and hygiene (WASH), shelter and non-food items (S-NFI), protection, and health. Together with the United Nations High Commissioner for Refugees (UNHCR), IOM is co-leading the camp coordination and camp management (CCCM) working group in three provinces (North Kivu, Tanganyika, and Ituri). Through these fora, IOM works with the broader humanitarian community to coordinate life-saving assistance, harmonize approaches and minimize risks of duplication. IOM's WASH, shelter, CCCM and protection teams collaborate closely with the aim of providing an integrated response, taking into consideration protection risks. As co-lead of the CCCM working group in the three above-mentioned provinces, IOM works closely with government counterparts in the respective provinces, namely the Commission Nationale pour les Réfugiés (CNR) in North Kivu, Division des Affaires Humanitaires (DIVAH) in Tanganyika, and Protection Civile in Ituri to support their function in camp administration. In addition, in collaboration with the Ministry of Health, IOM is a leading partner in health emergency response for disease outbreaks, including EVD, and in reinforcing the implementation of the International Health Regulations (IHR) 2005 in DRC, through the Health Border Mobility Management (HBMM) framework which aims to support governments and communities in building migrant-responsive health systems equipped to address public health concerns along the mobility continuum.

## IOM CAPACITY

IOM in 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, and Kasai central. IOM has been implementing humanitarian response, transition and stabilization programs in DRC for more than 10 years and has expanded its activities in response to the growing humanitarian crisis and continuing instability in DRC. IOM's expertise in border health surveillance and management was paramount in supporting the Ministry of Health in recent EVD and COVID-19 epidemic responses, enhancing surveillance capacity at points of entry and setting up points of control along main mobility routes, to contain disease transmission. Further, IOM in DRC has been running a long-term programme providing tailored pre-migration health activities (PMHA) for migrants, counting on a multidisciplinary team of health specialists and a laboratory investigation services that was mobilized to support the COVID-19 outbreak response. Dedicated services were also set up to respond to the health needs of the UN country system under the framework of the UN First Line of Defence (FLoD), to which IOM is providing COVID-19 RT-PCR testing services for clinical and non-clinical purposes to UN staff and dependents. Furthermore, the IOM regional office in Pretoria is providing necessary and relevant technical guidance and capacity building to the various projects and programs implemented in the country.

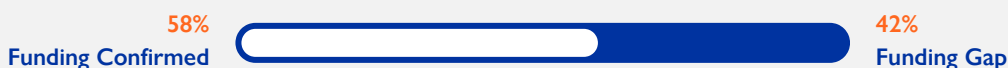
## SAVING LIVES AND PROTECTING PEOPLE ON THE MOVE

**Funding Required**  
\$25,400,000

**People Targeted**  
220,000

### People Targeted Description

- Conflict affected populations including internally displaced persons, returnees and host communities with acute sectoral needs: WASH, shelter, NFIs, health, CCCM and protection;
- Humanitarian partner organizations in partnership with IOM.



## CAMP COORDINATION AND CAMP MANAGEMENT

IOM will continue to strengthen its interventions in CCCM to ensure that protection and basic minimum living standards for displaced populations are met within displacement sites and host communities. IOM will ensure that the provision of humanitarian assistance is coordinated through the CCCM working group, that sectoral gaps (WASH, shelter, NFI, protection, education and health) and protection risks are identified in consultation with communities, especially women and girls and that the information is communicated and advocated to respective clusters in order to undertake mitigation measures. IOM will also ensure that information on the numbers and profiles of IDPs is available, updated and shared with the humanitarian community in line with the IOM data protection policy. Initiatives will include:

- Ensure camp management services are available for displaced populations residing in camps and camps-like setting;
- Support government partners to strengthen their role as camp administrators;
- Monitor and update data on new arrivals and departures of IDPs;
- Implement care and maintenance of site infrastructure;
- Facilitate the establishment of site governance structures, strengthen capacities of IDP committees, and ensure meaningful participation and representation of women;
- Facilitate coordinated humanitarian assistance in displacement sites through ensuring the functioning of the CCCM working group;
- Advocate and coordinate efforts for the voluntary return, relocation and local integration for displaced populations;
- Provide CCCM training for humanitarian partners including government entities;
- Ensure management of information and data on IDPs, including mapping of displacement sites, carry out registration vulnerability assessment of displaced population and durable solutions surveys to capture intentions of IDPs for return, relocation, or local integration, in coordination with the Displacement Tracking Matrix (DTM) unit.

**Funding Required**  
\$7,000,000

**Funding Confirmed**  
\$6,707,476



## SHELTER AND SETTLEMENTS

Context-specific shelter operations in displacement sites and host communities are essential to support minimum standard of dignified and safe living condition, minimize health-related risks, and reduce protection risks, including gender-based violence (GBV). In 2022, IOM will continue to assess shelter needs in displacement sites especially in new spontaneous sites, and in host communities. The most vulnerable IDPs residing in sites and in host communities will be targeted and provided with emergency shelter and NFI kits through various modalities, including in-kind and/or cash-based assistance. IOM will:

- Continue implementing an inclusive approach focused on engaging beneficiaries to ensure context-specific shelter solutions (e.g. emergency shelter, transitional shelter, cash-based modalities) are provided;
- Implement site planning/layout or site restructuring to ensure safe and dignified shelter solutions are put in place;
- Provide targeted populations with shelter construction materials or cash assistance for shelter while ensuring that materials used are adapted to the local context, aligned with the shelter cluster guidelines, and meet specifications for safe construction;
- Ensure engagement and active participation of the targeted populations by providing technical training on safe construction to community members to facilitate them to take lead and support construction activities in their communities;
- Provide tailored assistance to vulnerable households (including persons with special needs, people living with disabilities, women heads of households, pregnant and breastfeeding women, people at risk and survivors of gender-based violence, and so forth) including support for labour cost to ensure that their shelter needs are met;
- Ensure protection mainstreaming including mitigation of GBV risks throughout all shelter interventions.

**Funding Required**  
\$10,000,000

**Funding Confirmed**  
\$1,993,165



## PROVISION OF WATER, SANITATION AND HYGIENE IN EMERGENCIES

IOM's WASH interventions aim at improving access to sufficient and safe WASH services for conflict-affected populations, as well as improving hygiene practices in displacement sites and host communities in North Kivu, Tanganyika, and Ituri as well as communities affected by disease epidemics. This will include:

- Ensure construction, rehabilitation, and decommissioning of emergency sanitation facilities, showers, and handwashing stations with gender segregation in which facilities will be clearly marked with pictogram on the designation for men or women and equipped with locks as well as lighting to reduce risk of GBV;
- Implement construction and/or rehabilitation of water system or networks;
- Ensure engagement and participation of the affected populations throughout planning, construction, as well as maintenance especially through the community-based WASH committees in displacement sites;
- Carry-out hygiene promotion activities in displacement sites across North Kivu, Ituri, and Tanganyika provinces based on a thorough understanding of hygiene knowledge, attitudes, and practices of IDPs and host communities to minimize risks of waterborne diseases and improve health of the targeted communities. Hygiene promotion activities will be carried out following national guidelines on COVID-19 preventive measures, such as physical distancing and wearing of face masks.
- Ensure integration of protection and gender-based violence (GBV) mainstreaming throughout its WASH interventions in displacement sites, host communities, and in areas of return or relocation to mitigate risks and prevent protection concerns;
- Provide WASH support in health facilities and at health screening points (Point of Entry-POE, Point of Control-POC).

**Funding Required**  
\$7,000,000

**Funding Confirmed**  
\$822,356



## DIRECT HEALTH SUPPORT

IOM will provide life-saving primary health care services to populations affected by conflict and disease outbreaks, including IDPs and host communities. This will include:

- Provide direct health services, in support to the Ministry of Health facilities in the affected areas, in particular primary health care services, sexual and reproductive health and rights

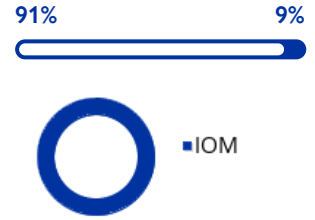
**Funding Required**  
\$1,000,000

**Funding Confirmed**  
\$914,933



(SRHR) services;

- Build the capacity of health staff at health zones and provincial levels;
- Implement outreach activities focused on health promotion, providing health education on topics such as good hygiene and sanitation practices for disease prevention;
- Support to the Expanded Program of Immunization to reach hard-to-reach communities and improve the immunization coverage, especially targeting 0-dose children in conflict-affected communities;
- Rehabilitate damaged or destroyed health facilities in order to ensure that basic functionality will contribute to improving the medical referral mechanisms to ensure that displaced populations and host communities have access to basic health care services.



A particular focus will be placed on improving the living conditions in priority health zones affected by recurrent/re-emerging epidemics and areas hosting the largest number of displaced people.



## MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT IN HUMANITARIAN RESPONSE

IOM will provide mental health and psychosocial support (MHPSS) services with a focus on services which ensure a strengthened protection environment in the formal and informal displacement sites and in the host communities/communities of return. All activities will be in line with the [IOM Manual on Community-Based MHPSS in Emergencies and Displacement](#). These initiatives will include:

Funding Required  
**\$400,000**



- Facilitate access to psychosocial services (for example through psychosocial mobile teams (PMTs), counselling, psychosocial support (PSS) hubs, referrals, mediation, psychodrama, and so forth) and other measures to contribute to individual and community psychosocial wellbeing;
- Provide family and community support for people in need of MHPSS to help them maintain their mental health and improve their psychosocial well-being;
- Provide focused psychological services (such as individual and group counselling) to people with pre-existing and/or emerging forms of severe stress, behavioural and relational problems, and mental disorders, including people psychologically affected by the COVID-19 pandemic, and to survivors of violence;
- Strengthen the capacity of IOM personnel, civil society and government partners in the field of MHPSS, including the promotion of a survivor-centred approach in the case of violence and sexual violence.



Water point constructed in Kizimba displacement site, Rutshuru, North Kivu. © 2021, OIM DRC

## DRIVING SOLUTIONS TO DISPLACEMENT

Funding Required  
**\$38,000,000**

People Targeted  
**80,000**

People Targeted Description

- Conflict displaced populations and/or communities affected by natural hazards, including internally displaced persons (IDPs), returnees, and host communities.
- Former combatants and their dependents, and communities of return, to address their needs and support community-based reintegration and rehabilitation.
- People living in mining sites will be also targeted through programmes focussing on promoting responsible minerals trade and good governance.

The estimated number of people targeted indirectly through these interventions is 500,000.



## COMMUNITY STABILIZATION

IOM's programme will continue to employ a coordinated and integrated approach including democratic dialogue, strengthening state authority, return, reintegration and economic recovery, as well as responsible minerals trade. This program will be implemented in line with the strategy of the Disarmament, Demobilization, and Recovery - Community and Stabilization Program (DDR-CS) of the DRC Government. Strategic components of the programme include:

- Promote social cohesion and enabling communities to manage local conflicts in coordination with peacebuilding initiatives;
- Increase access to livelihoods and promoting economic recovery through interventions including cash-for-work, vocational training, reinforcing local markets and value chains and access to micro-credit;
- Strengthen government capacities to perform core functions and deliver basic services;
- Increase confidence and mutual trust between the population and public institutions through measures to promote inclusive and participatory governance processes, access to justice and rule of law;
- Promote the rule of law through police professionalization and inclusive and participatory local security management;
- Strengthen government capacities to facilitate responsible mineral trade, and promote mutual sharing and protection of natural resources.

**Funding Required**  
\$13,000,000

**Funding Confirmed**  
\$6,807,132



## PEACEBUILDING AND PEACE PRESERVATION

Diverse and interrelated drivers of conflict have perpetuated insecurity and led to cyclical non-state armed group recruitment. In close coordination with community stabilization initiatives, and the Disarmament, Demobilization, Community Reintegration and Stabilization Program (P-DDRCS), IOM will continue to implement peacebuilding interventions with a focus on identifying and addressing drivers of conflict by supporting both community based and government-led peace initiatives. These initiatives will include:

- Implement inter-/intra community democratic dialogue initiatives;
- Strengthen and/or establishing community-based conflict early warning and management mechanisms;
- Support community-based socio-economic reintegration of former combatants;
- Implement reconciliation activities in conflict-affected communities;
- Support physical and psychosocial reparation and rehabilitation initiatives for victims of crimes and violence;
- Support capacity building and institution building, intended to reduce or mitigate the drivers of conflict.

**Funding Required**  
\$8,000,000

**Funding Confirmed**  
\$549,675



## DURABLE SOLUTIONS

IOM will continue to provide durable solutions to IDPs and conflict-affected communities through the provision of immediate and longer-term support, in-line with relevant frameworks on displacement, durable solutions and the humanitarian-development peace nexus approach in the DRC. IOM will

**Funding Required**  
\$16,000,000

**Funding Confirmed**

implement interventions in line with its Progressive Resolution of Displacement Situations (PRDS) framework for a broader and more inclusive approach. Interventions will be built upon the PRDS pillars: (1) protection, safety and security; (2) an adequate standard of living (access to adequate food, water, sanitation and hygiene, housing, health services and education); (3) access to sustainable livelihoods; and (4) inclusive governance. These initiatives will include:

- Support voluntary return, relocation and reintegration for displaced populations through the provision of transportation assistance, multisectoral cash assistance, transitional shelter, and WASH assistance in return/relocation area;
- Advocate at various fora (e.g. UNCT, clusters, etc.), to donors, and local authorities for coordinated efforts and programming across the humanitarian development- peace nexus;
- Provide (re)integration support activities such as public information campaigns and activities, strengthening community social cohesion (in coordination with the peace building component);
- Strengthen early economic recovery and value chains in order to reinforce livelihood opportunities (in coordination with the community stabilization component);
- Establish an exchange platform for inclusive participation in the decision-making process;
- Raise awareness on international protection and assistance principles, including a module on site closure and durable solutions.

**\$2,073,015**



### MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT IN TRANSITION AND RECOVERY

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

- Strengthen and implement community-based support aiming at mending social fabrics and promoting social cohesion, including socio-relational and cultural activities built on existing practices in the targeted communities;
- Support capacity-building of health professionals, local police and security actors on mental health issues such as psychological first aid (PFA) methods, basic MHPSS concepts, stress management, communication skills, and so forth;
- Provide 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 wellbeing of both the individual and the community and address stigma and isolation.

**Funding Required**  
**\$1,000,000**



### STRENGTHEN PREPAREDNESS AND REDUCE DISASTER RISK

**Funding Required**  
**\$3,000,000**

**People Targeted**  
**500,000**

#### People Targeted Description

- International borders authorities, including national, provincial and local authorities, to strengthen international health border management and global health security, and populations affected/vulnerable to disease outbreaks and epidemics along major mobility pathways;
- Mobile population crossing points of entry (POE) at international borders and points of control (POC) along strategic mobility routes, as well as the communities living in the POE/POC surrounding areas.

**11%**  
**Funding Confirmed**



**89%**  
**Funding Gap**



### HEALTH COMPONENTS OF PREPAREDNESS AND RISK REDUCTION

IOM will support the Ministry of Health to develop emergency preparedness and response plans, including for disease outbreaks, aiming to foster a migration-sensitive approach to preparedness and

**Funding Required**  
**\$1,500,000**



risk reduction in line with and based on the IOM Health Borders and Mobility Management Framework. Initiatives will include:

- Map public health risks and emergencies;
- Implement population mobility mapping exercises to better understand mobility trends and inform national preparedness and response planning for outbreaks and other public health threats;
- Coordinate with national and international actors, contributing to the One-Health platform particularly with regards to the analysis of emerging and re-emerging diseases;
- In line with WASH hygiene promotion activities, enhance health related risk communication and community engagement (RCCE) across all IOM projects and target populations.

For its COVID-19 response, IOM will focus on:

- Support COVID-19 preparedness and response with a focus on preventing and monitoring risks of epidemic spread across borders and along major mobility routes in the country;
- Support COVID-19 vaccination of mobile populations at high-risk based on the national COVID-19 vaccination strategy, with a focus on supporting the implementation of COVID-19 vaccination at points of entry.

#### Funding Confirmed

\$30,715

2% 98%



#### POINTS OF ENTRY

IOM will continue to build on its expertise in global health security and health border management in DRC, both in emergency and stable contexts, to provide support to the Ministry of Health and promote a multi-sectoral approach to border management in collaboration with other IOM departments, aiming at strengthening the core capacities of the International Health Regulations (IHR) 2005, in line with the Plan d'action national de sécurité sanitaire (PANSS) and the Joint External Evaluation (JEE) 2018. Initiatives will include:

- Strengthen Ministry of Health technical and operational capacity on disease surveillance and management, and develop IHR 2005 competences at the national, provincial and local level;
- Foster a multisectoral approach on the management of POE including a close collaboration with the other departments and the operational order at the borders;
- Develop and pilot a Community Event-Based Surveillance (CEBS) and RCCE strategy for mobile populations crossing international and provincial borders and the communities in which they live/work and transit, including informal cross border traders;
- Develop and pilot a zonal approach to mobile population health, integrating POE disease surveillance within the existing health zone structure;
- Provide WASH services at POE to ensure sufficient access to clean water and support the efforts to prevent and control the transmission of diseases, as well as ensure cleaning and disinfection at borders.

#### Funding Required

\$1,500,000

#### Funding Confirmed

\$300,000

19% 81%



### CONTRIBUTE TO AN EVIDENCE-BASED AND EFFICIENT CRISIS RESPONSE SYSTEM

#### Funding Required

\$6,000,000

#### People Targeted Description

- The humanitarian community including UN agencies, national and international NGOs, development actors, and health actors with information collected through the displacement tracking matrix and first line of defence services through a self-payer system.

21%

Funding Confirmed



79%

Funding Gap



#### DISPLACEMENT TRACKING - RENAME

DTM tracks and monitors displacement and movements of populations in IDP sites and host communities as well as those on the move. IOM aims to continue implementing different components of its DTM and seek the possibility to expand DTM activities to reach nationwide coverage. DTM interventions will focus on mobility tracking, which includes registration of IDPs, surveys and assessments, including intention surveys for durable solutions and vulnerability assessments, in close coordination with camp coordination and camp management, flow monitoring, and emergency tracking. Initiatives will include:

- Monitor movement of populations and accordingly, provide the humanitarian actors with a comprehensive picture on the number, profile, and needs of displaced populations and returnees including information regarding areas hosting displaced populations;
- Produce and update maps of IDP sites and return/relocation villages and share them with the humanitarian community;
- Conduct village assessment surveys (VAS) to collect data on returning IDPs, returned migrants and host community members as part of the durable solutions to improve access to services, livelihoods and reintegration;
- Following alerts on new movement of populations, carry-out emergency tracking surveys to rapidly collect information on number of the new displaced persons, areas of origin, locations where they take refuge and humanitarian assistance required following the alert of new displacement;
- Continue the use of DTM interventions and tools to support preparedness and response to health emergencies including Ebola Virus Disease (EVD), COVID-19, cholera and other emerging epidemics. This includes the assessment at village level on the availability of health facilities and COVID-19 awareness among the surveyed communities;
- Carry-out population mobility mapping and flow monitoring (FM) activities to monitor the movement of populations crossing international borders and travelling along major mobility routes to inform disease epidemics response strategies, such as the activation of points of health control along mobility corridors and borders, to reinforce disease surveillance, IPC measures and RCCE among travellers, or to understand population movements and trends in other key corridors.

**Funding Required**

**\$6,000,000**

**Funding Confirmed**

**\$1,300,097**

21%

79%

