

# DRC

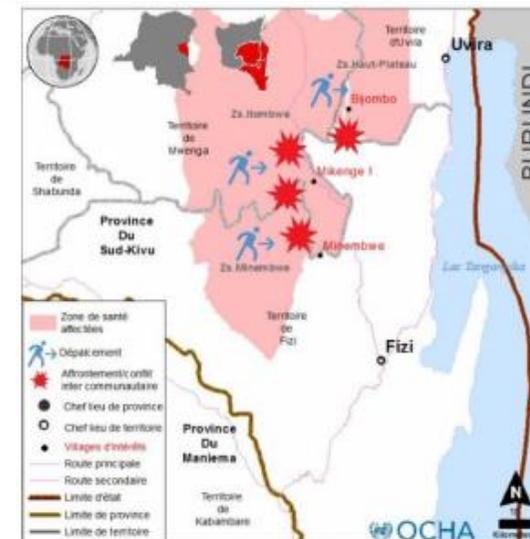
## Displacement in Sud Kivu

Since 4 May intercommunal clashes between armed groups affiliated to Banyamulenge and Bafuliri ethnicities have triggered large-scale displacement across three bordering territories (Fizi, Uvira and Mwenga) in Sud Kivu province. Some 125,000 people from 100 villages fled to safer neighbouring villages and to the surrounding forests. Armed groups looted and burnt villages, causing severe damages to shelter and critical infrastructure including health and sanitation facilities. Displaced people are in need of food, shelter and NFIs, WASH and health assistance.

### IMPACT



### NEED FOR INTERNATIONAL ASSISTANCE



Source: OCHA 16/05/2018

### Anticipated scope and scale

Congolese forces (FARDC) have stepped up their operations, which translated in to a slight improvement in the security situation in some areas since 20 May. As **return movements** have commenced it is unclear how many people remain displaced. **Shelter, NFIs, WASH, food and health needs** are anticipated to persist upon return.

### Key priorities



**125,000**  
internally displaced people



**Food**  
assistance for the displaced



**WASH assistance**  
in displacement sites and areas of origin



**Emergency shelter**  
safe and dignified solutions

### Humanitarian constraints



Humanitarian access in Sud Kivu is limited due to remote, mountainous terrain, a poor road network and volatile security situation. The ongoing rainy season is likely to deteriorate land access.

#### Limitations

Violent clashes and displacement are frequent in the area, however, timely and detailed information on security incidents and displacement is often scarce and publicly available information on people in need limited. Conflict-induced displacement is frequently concentrated near areas of origin which poses difficulties for humanitarian actors to reach affected populations. Remoteness and shorter durations of displacement add to the difficulties of tracking displacement in the area.

## Crisis impact

Intercommunal clashes have triggered the displacement of more than 125,000 people in Minembwe health zone (HZ) in Fizi territory, Hauts Plateaux HZ in Uvira territory, and Itombwe HZ in Mwenga territory (all in Sud Kivu province) since the beginning of May. Displaced people across some 100 villages displaced to safer neighbouring villages or fled to the forests, leaving several villages completely deserted. Some 30 villages have been set on fire, with others damaged and looted (OCHA 16/05/2019; Actualite 21/05/2019). Longstanding intercommunal tensions had escalated after a Bafuliru village chief was reportedly arrested and killed by an armed group linked to the Banyamulenge ethnic group (Radio Maendeleo 20/05/2019; ACLED 14/05/2019; OCHA 16/05/2019; Radio Okapi 10/05/2019; Radio Okapi 16/05/2019). At least 10 people have died due to violence; local sources estimate the actual number to be higher (Radio Okapi 10/05/2019; OCHA Uvira, unpublished 27/05/2019).

Congolese armed forces (FARDC), with support from international forces, have since stepped up their operations in the affected areas, leading to some improvements in security (Radio Okapi 10/05/2019; VOA Afrique 17/05/2019). The situation in Hauts Plateaux in Uvira has calmed down and return movements has been ongoing since mid-May but it remains unclear how many people remain displaced across all affected areas. Given the destruction of shelter and infrastructure, the need for humanitarian assistance is anticipated to remain high following the return to areas of origin. Priority needs include food, WASH, health and shelter. Assistance for affected people is likely hampered by severe access constraints and a lack of funding.

**Food:** Food and household items are among the priority needs of displaced people. Three out of four displaced families in Minembwe Centre, Fizi territory, are estimated to not have sufficient food (La Prunelle RDC 21/05/2019). Looting and destruction of villages leads to the loss of food stocks and hampers access to crops and livestock (Actualite 21/05/2019). This is particularly concerning as agriculture is one of the main sources for livelihoods in the affected area. Given the sudden-onset nature of displacement, affected people likely had to leave personal assets and belongings behind, aggravating already high levels of food insecurity prevalent in the areas of displacement, particularly in Fizi and Uvira provinces (Actualite 21/05/2019; OCHA, assessed 27/05/2019; OCHA 16/05/2019). Increased demand and access constraints due to insecurity are impacting food availability. The influx of IDPs into host communities is also likely to negatively impact the resilience of host families and adds pressure on local markets.

**WASH:** WASH needs are anticipated to be high, both for IDPs staying in forests and for IDPs staying with host communities, considering inadequate sanitation facilities, poor hygiene practices and limited access to safe water sources in the affected area. 24

sanitation facilities are (almost) non-operational as a result of the recent violence while facilities in host communities are under pressure (KI unpublished, 27/05/2019). Only 31% of the rural population in DRC has access to clean drinking water and only 42% of the population in Sud Kivu has access to portable water (ACT Alliance 11/12/2018; DTM 13/02/2019; OCHA 22/02/2018). IDPs likely place strain on limited access to WASH facilities, which may increase open defecation practices. The ongoing rainy season further compounds the risk of waterborne diseases.

**Health:** Access to health services is limited as several medical facilities were looted, set on fire and medical staff displaced (La Prunelle RDC 21/05/2019; OCHA 16/05/2019). The influx of large numbers of displaced people puts pressure on health facilities in areas of displacement where a lack of medical supplies has already been reported (Actualite 21/05/2019). Low density of health infrastructure and limited funding will likely mean that there are no sufficient resources in case of disease outbreaks among displaced people living in overcrowded spaces. Physical access constraints are taking a toll on those health facilities still operating, as the provision of supplies is interrupted (KI unpublished, 27/05/2019). Although there is limited information available, a lack of psychosocial support for victims and witnesses of incidents of physical violence, including sexual and gender-based violence, can be anticipated.

**Shelter and NFIs:** The total extent of destroyed or damaged houses is unclear; however, a high need for emergency shelter is anticipated. While needs are likely particularly high among those who fled into the forests, where the most urgent needs cannot be absorbed by the host community, displaced people within host communities are reported to sleep outdoors, exposed to the elements (VOA Afrique 17/05/2019). Many IDPs in eastern DRC return to partially destroyed and damaged villages and therefore require NFI assistance and materials to rebuild their shelters. (DTM 13/02/2019, REACH August 2018) The loss of assets and belongings has a negative impact on the coping capacity of affected people in displacement.

**Nutrition:** In DRC, nearly 2 million children are suffering from severe acute malnutrition (SAM). Sud Kivu is one of the worst affected areas (USAID, March 2018). A lack of access to protein has been linked to acute malnutrition in conflict-affected areas (FAO February 2019).

**Protection:** Affected populations were displaced from their villages of origin due to the threat of violent clashes/ heightened insecurity situation and are in need of protection. Vulnerable groups such as women, children and people with disabilities face increased protection risks in displacement sites. Particularly sexual and gender-based violence is a grave concern in eastern DRC. Sud Kivu, following Nord Kivu and Ituri, is one of the provinces with the highest incidence of reported human rights violations. Between 64% and 72% of reported human rights violations reported from Uvira and Fizi territory in April were attributed to state forces. Reporting and monitoring mechanisms do not

reach vast parts of the country and impunity levels are high, adding to the complex operating environment in the area (UNJHRO 24/05/2019). Women and children make up a large number of recently displaced people and there are reports of male adolescents staying in areas of origin to guard their villages, thus exposing them to increased protection concerns.

**Education:** Fighting in the affected area led to the closure of schools. It is currently unclear when schools will re-open as teachers are likely to be among those displaced (OCHA 16/05/2019). Considering the large number of displaced people, host communities' education facilities are likely unable to absorb the influx. Furthermore, the lack of livelihoods and limited resources as well as food insecurity prevalent in the area are likely to have an impact on education, as limited funds tend to be allocated to the acquisition of food items (NRC 16/10/2018; Food for the Hungry, 30/11/2017). Disruption in education services can exacerbate the vulnerability of children who are at risk of exploitation and abuse (UNHCR 10/05/2019; NRC 16/10/2018). In Sud Kivu and eastern provinces more generally, the proportion of women and children among IDPs tends to be high.

## Vulnerable groups affected

Women and children staying in temporary shelters that are often overcrowded with a lack of toilets and inadequate washing facilities are often exposed to greater protection risks, including gender-based violence, sexual exploitation and abuse. People often have to travel long and unsafe routes in order to provide food and water for their families, which exposes them to greater risk of violence, especially rape (OCHA 13/05/2019).

People with disabilities and older people may find leaving their shelters to look for safety/assistance more challenging, especially for those living in isolated and hard-to-reach areas.

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

Children in conflict-affected areas in eastern DRC are at risk of forced recruitment into armed groups (UNICEF 31/01/2019).

## Humanitarian and operational constraints

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

18/04/2019; UNSC 02/07/2018). Security incidents involving humanitarian actors, including lootings and kidnappings of staff, are regularly reported from the region (Kivu Security Tracker, EISF 29/06/2019).

Remoteness and infrastructural weaknesses, including poor road conditions, present critical challenges for the timely provision of humanitarian aid. Much of DRC's 1,700km road network is in poor condition. Most roads are made of dirt, and only 11% are paved (OCHA 31/07/2018). Humanitarian access in the Kivus often relies on aerial access, which is particularly costly. During rainy season (March to July and September to January in eastern DRC) the poor condition of roads and landing tracks poses an additional challenge (FEWS NET 05/03/2019; OCHA 31/07/2018). Heavy rainfall since late March has negatively impacted the conditions in some sections, for instance between Misisi, Butele, Ngalula and Nyange road, thus limiting land access to Fizi (OCHA 16/05/2019). In Sud Kivu this situation is further aggravated by the limited presence of partners and ongoing Ebola response activities in the neighbouring Nord Kivu province that may mean that response to displacement is a lower priority (UNHCR 07/02/2019; UNSC 04/01/2019).

## Aggravating factors

### Ebola outbreak in neighbouring Nord Kivu

Since the declaration of the Ebola outbreak on 1 August 2018, a total of 22 health zones in North Kivu and Ituri provinces have been affected (WHO 23/05/2019). As of 21 May, 1,866 confirmed and probable Ebola cases and 1,241 deaths (CFR 67%) have been recorded as the transmission rate has accelerated since late March (WHO 23/05/2019; IRIN 07/05/2019; DRC MoH 10/05/2019). Insecurity and targeted attacks pose challenges for response and although no major incident has been reported in late May, the threat level remains high (TNH 23/05/2019; MSF 28/02/2019). Fear and mistrust in communities towards the humanitarian response prevents people showing symptoms from seeking treatment and poses challenges for treatment and tracking of cases (IRIN 07/05/2019; WHO, 14/02/2019; Reuters 14/01/2019).

Resulting gaps in tracking of Ebola cases combined with high population mobility in the region and conflict-induced displacement pose risks to further spread of the disease. The humanitarian community is particularly concerned about the spreading of Ebola to Goma, the economic hub and capital of Nord Kivu located on the northern shore of Lake Kivu and in proximity to Sud Kivu province (TNH 23/05/2019). The distribution of health clinics in the city, lack of medical staff and absence of an Ebola treatment centre would make it difficult to contain the disease.

## Disease outbreaks

Due to its weak health system and ongoing conflict, DRC is prone to epidemics, such as cholera, measles and malaria (WHO 01/02/2018; ACT Alliance 11/12/2018; Science Direct 05/2011). The poor WASH situation in Sud Kivu – 42% of the population do not have access to potable water and 77% do not have hygienic toilets – facilitates the spreading of waterborne diseases that usually peaks during the rainy season, which started in late March (OCHA 22/02/2018; UNICEF 30/11/2018; OCHA 2018). Since the beginning of the year, 1,685 cholera cases have been reported from Sud Kivu (OCHA 16/05/2019). As Ebola and cholera have similar symptoms in the initial stages of both diseases, health workers may have difficulties differentiating cases of cholera and EVD. This is particularly worrisome if EVD spreads towards Goma (Nord Kivu), located near the border with Sud Kivu province. Overcrowded spaces in displacement sites can also contribute to contagious diseases such as measles, more than 60,000 cases have been reported from the province since the beginning of 2019 (OCHA 16/05/2019).

## Seasonal information/ Rainy season

The rainy season in northeast DRC typically lasts from March to July (FEWS NET 05/03/2019; OCHA 31/07/2018). Landslides and floods are relatively common, which can increase the risk of water contamination and disease transmission and reduce access to health and WASH facilities for populations in need (OCHA 02/05/2019; WHO 22/08/2018, WHO 2017). In DRC, risks of contamination from cholera, as well as yellow fever and malaria, reach a peak during the rainy season (OCHA 2018; WHO 03/2018). This likely affects displaced populations without adequate shelter and access to water and sanitation facilities more severely. Flooding and landslides impact humanitarian access in Sud Kivu, such as terrestrial access from Misisi to Fizi (OCHA 16/05/2019).

## Food insecurity and malnutrition

The agricultural sector is the main source for livelihoods in the affected territories (CAID 31/03/2017; CAID 31/03/2017). The ongoing conflict in DRC has led to the local currency depreciating by more than 100% since 2015, putting pressure on domestic food supplies due to reduced imports (GIEWS 15/02/2019). Food insecurity in Sud Kivu has deteriorated in 2018 due to large-scale population movements which are the main driver of food insecurity and malnutrition in the DRC (FAO 02/2019). In Sud Kivu, 3.65 million of 5.75 million people are food insecure, including 112,000 people in estimated to be in Crisis (IPC-3) and 634,000 people to be in Emergency (IPC-4) for the period August 2018 – June 2019 (IPC Info August 2018). Fizi and Uvira territories are facing Emergency levels of food insecurity with close to 400,000 people in Crisis and Emergency while Mwenga territory is facing Crisis levels (41,000 people in IPC3) (OCHA, assessed 27/05/2019).

Although up-to-date data on food security in Sud Kivu is limited, violent clashes, internal displacement and return movements are likely to negatively impact food security as food stocks are lost, access to crops and livestock is limited, and markets in host areas are likely under pressure (FEWS NET April 2019). In DRC, nearly 2 million children are suffering from severe acute malnutrition (SAM); Sud Kivu is one of the worst affected provinces. (USAID, March 2018)

## Contextual information

### Conflict background

The complex and protracted conflict in eastern DRC between armed groups and the Congolese armed forces (FARDC) is fought along economic, political, social and ethnic lines. Longstanding grievances over local resources, perceived marginalisation from the central government, provision of social services and issues concerning the representation of local governments lie at the heart of the conflict (ACSS 25/09/2017). The influx of Rwandan Hutus following the 1994 genocide against Tutsis in Rwanda has had a particular impact on intercommunal relations and tensions in eastern Congo, that often originate from issues of land appropriation (GPJ 23/04/2017).

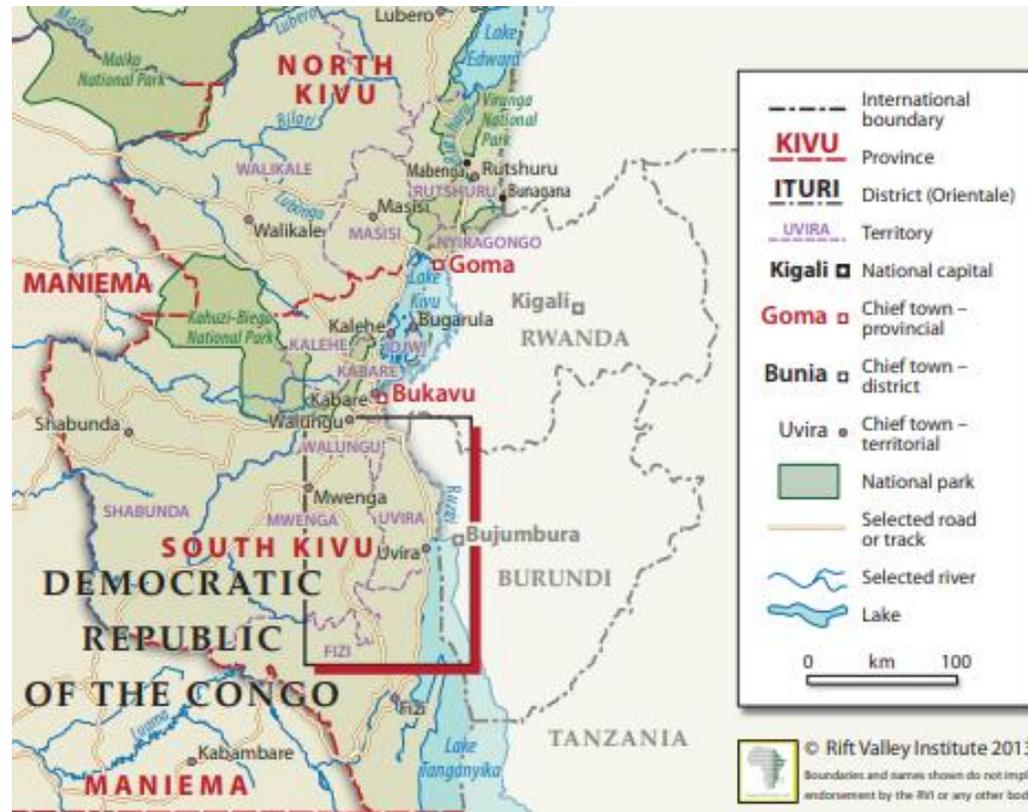
Some 120-armed groups whose objectives, alliances, internal structures and financing are often unclear are involved in the conflict that disrupts civilian life and causes massive displacement (MSF 18/04/2019; KST December 2017). Networks and coalitions, both among armed groups and with political and economic stakeholders, are complex and often unstable (KST December 2017). Armed groups regularly attack villages, looting shops, burning houses, stealing livestock and food items, injuring, killing, and abducting civilians (HRW 15/05/2018, Kivu Security Tracker 06/2018). Other concerns are the frequent use of SGBV, forced recruitment (of children), forced labour, and illegal taxation (RFI 10/06/2018; Radio Okapi 06/08/2018).

Various armed groups operate in Sud Kivu, especially the Democratic Forces for the Liberation of Rwanda (FDLR), the Nyatura, and different Mai Mai militia groups. Congolese security forces regained control over large areas of territory in Fizi and neighbouring territories in 2018 and early 2019, as military pressure exerted by FARDC weakened Mai-Mai Yakutumba and allied groups (UNSC 04/01/2019; Radio Maendeleo 13/02/2019). However, armed clashes have increased again since mid-September and the presence of National Liberation Forces (FNL) from Burundi in Fizi and Uvira territories add to the complex security environment. (UNSC 01/10/2018; Garda 03/12/2018; Garda 07/11/2018; UNSC 02/10/2018, UNSC 04/01/2019) Local communities have expressed their

concerns that FARDC operations in Uvira were pushing militia groups further inland without curbing the influence of FNL (Radio Okapi 23/04/2019).

Tensions between the Banyamulenge, a Tutsi ethnic minority regarded to originate from Rwanda, the Barundi and the Bafuliro, indigenous to the Kivu plateaus have led to intense fighting and ethnically motivated massacres since 1996 (RVI 2013; HRW 04/10/2017; Refworld 12/03/2013). The Bafuliro and Banyamulenge have accused each other of abducting and killing members, which has led to violent clashes and massacres in the past. In 2011, seven humanitarian workers were killed in Sud Kivu based on their Banyamulenge ethnicity (HRW 04/10/2012). In July 2018, fighting between a Banyamulenge armed group and a Mai Mai group near the border of Fizi and Uvira territories led to the displacement of 76,000 people (UNSC 01/10/2018; ECHO 21/03/2019).

### Map of the affected area



Source: RVI 2013

### Past displacement

Intercommunal violence and clashes between armed groups active in the Kivus have resulted in mass displacement in eastern DRC for decades. Insecurity often leads to pendular displacement patterns, where people stay within their place of origin during the day and retreat to safer areas for the night. Conflict displacements in Sud Kivu are often short term but damages to houses and other infrastructure can have a long-term humanitarian impact (USAID 15/02/2019; OCHA 12/12/2018). The general socioeconomic situation in the province has worsened over the past five years despite resource wealth and fertility in the region, and insecurity has driven food insecurity. (UNHCR 07/02/2019)

As of November 2018, there were close to 800,000 IDPs in Sud Kivu, roughly equivalent to one-quarter of IDPs in the country (DTM 13/02/2019; ECHO 13/02/2019). In recent months 65,000 people have been displaced in the same area of which 30,000 are displaced in Fizi territory; across the entire province the number of recently displaced people is estimated to be 200,000 of which many have not received assistance (ECHO 17/05/2019; Radio Okapi 23/04/2019; OCHA 22/01/2019; Actualite 25/01/2019; Radio Maendeleo 13/02/2019).

### Refugees in Sud Kivu

DRC hosts approximately 765,000 refugees, mainly from neighbouring countries (UNHCR January 2019). Sud Kivu currently hosts more than 40,000 refugees from Burundi that arrived since May 2015 (UNHCR 31/12/2018; OCHA 22/01/2019; UNHCR 07/02/2019). Burundian refugees are facing considerable protection risks due to their location in the conflict affected province of Sud Kivu, although the security environment is deemed to have improved throughout 2018 (UNHCR 07/02/2019). Many Burundian refugees are staying in two refugee settlements in Fizi territory (UNHCR 29/08/2019; UNHCR 31/12/2018). In response to the overcrowding of Lusenda refugee camp and pressure on the provision of basic services including shelter and WASH services, a second refugee settlement, Mulongwe, was opened in November 2017. Cuts in assistance, particularly affecting food assistance, have increased tensions between refugees and the local community. (UNHCR 07/02/2019)

## Key characteristics

### Demographic profile:

	Sud-Kivu	Fizi territory	Uvira territory	Mwenga territory
Population	7,576,307	826,365	1,181,207	786,961
Land surface area	69,130 km <sup>2</sup>	41,745 km <sup>2</sup>	3,146 km <sup>2</sup>	11,172 km <sup>2</sup>

1.7 million people are in need of humanitarian assistance in Sud-Kivu.

**Displacement figures:** 84,454 refugees (mostly from Burundi) are hosted in Sud-Kivu. In addition, there are 647,000 IDPs in Sud-Kivu, mainly located in Kalehe (226,000) and Fizi (188,000) territories.

**Food security figures:** In Sud Kivu, 3.65 million of 5.75 million people are food insecure, including 112,000 people in estimated to be in Crisis (IPC-3) and 634,000 people to be in Emergency (IPC-4) for the period August 2018 – June 2019 (IPC Info August 2018). Fizi and Uvira territories are facing Emergency levels of food insecurity with close to 400,000 people in Crisis and Emergency while Mwenga territory is facing Crisis levels (41,000 people in IPC3) (OCHA, assessed 27/05/2019).

**Nutrition levels:** 43% of children under five suffer from malnutrition across DRC. In Fizi territory, the severe acute malnutrition (SAM) rate is 4.1%

**Health statistics:** There are 7 hospitals and 91 health centres in Fizi territory, 17 hospitals and 85 health centres in Uvira and 6 hospitals and 99 health centres in Mwenga (as of March 2017). There is no up-to-date information available concerning functionality of these health facilities and it can be assumed that some health facilities have been impacted by recent fighting.

**WASH statistics:** Only 58% of the population have access to drinkable water in Sud Kivu.

**Education figures:** In 2018, 26,100 school-aged children were deprived of access to education due to the conflict in Sud-Kivu.

Sources: UNDP 2005, CAID 31/03/2017, OCHA 24/09/2018, OCHA 10/2018, OCHA 21/08/2018, IPC Info 08/2018; OCHA, assessed 27/05/2019

## Information gaps and needs

Timely information on displaced people is very limited. It is unclear how many people have sought refuge in the forest, are staying with host communities or have returned to areas of origin. Consequently, disaggregated data per age and gender is lacking.

It is not clear how many villages have been directly attacked amidst the intercommunal conflict and how many people have fled as a result, or how many people have fled in anticipation of an attack.

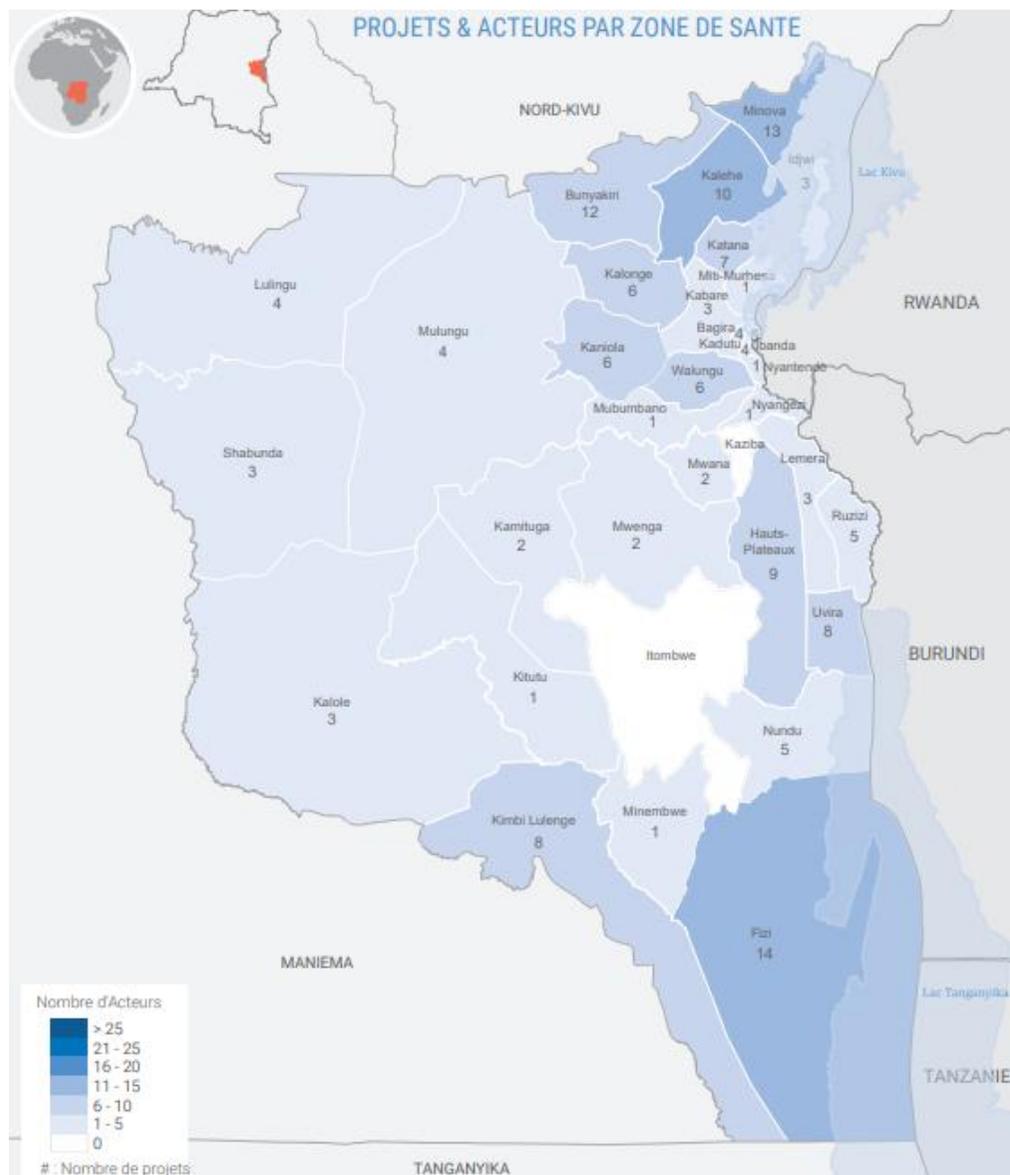
## Response capacity

### Local response capacity

In the past, the host community has been the first line of assistance for displaced communities (OCHA 22/02/2018). Information on response activities following sudden-onset situations is often lacking or delayed. Isolated local media report that some locations have received no assistance; however, changes to that situation are likely underreported. There are several local NGOs active in the area, however, detailed information on activities in specific locations is lacking. While it is unclear how local authorities are responding to the influx of displaced people, apart from registration activities (La Prunelle RDC 21/05/2019; Actualite 21/05/2019; Radio Okapi 16/05/2019).

### International response capacity

Multiple UN agencies and international NGOs respond to displacement crises in DRC and neighbouring countries, undertaking activities in various sectors (OCHA 16/05/2019). Operational presence of humanitarian actors is relatively low, while there are 9 humanitarian actors in Minembwe HZ there is only one actor present in Minembwe HZ and none in Itombwe HZ (OCHA 28/05/2019). WASH and shelter assistance is particularly limited. OCHA, UNICEF, WFP and IOM, together with international and national NGOs have conducted first assessments and are coordinating response. However, response to recent displacement varies across affected areas. While assessments have been conducted and response is underway in Minembwe in Fizi territory, one of the areas with a high concentration of IDPs, other communities have not been reached and assessed yet.



Operational Presence in Sud Kivu, OCHA 28/05/2019

## Lessons learned

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

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

**A delay or lack of response** to humanitarian needs of displaced populations can push vulnerable people to **cross into neighbouring countries** to seek protection and assistance.

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



- Kasheke - Kalehe, 18 Km**  
Bailleur: Fonds Social  
Partenaire: World Vision
- Ngolombe - Kigulube, 37 Km**  
Bailleur: FH DRC  
Partenaire: ACTED
- Kidote - Butole, 11,5 Km**  
Bailleur: STAREC / MONUSCO  
Partenaire: ALERT International
- Katobo - Marungu, 32 Km**  
Bailleur: STAREC / MONUSCO  
Partenaire: ALERT International
- Kabunambo - Sasira, 9 Km**  
Bailleur: STAREC / MONUSCO  
Partenaire: ALERT International
- Katobo - Marungu, 32 Km**  
Bailleur: STAREC / MONUSCO  
Partenaire: ALERT International
- Mwenga - Kitindi, 80 Km**  
Bailleur: Privé  
Partenaire: Office de Route
- Point Zéro - Bukundji, 10 Km**  
Bailleur: STAREC / MONUSCO  
Partenaire: ALERT International
- Fizi - Abala, 97 Km**  
Bailleur: FH DRC  
Partenaire: CODEVAH
- Sebele - Kazimya, 37 Km**  
Bailleur: FH DRC  
Partenaire: ACTED

<ul style="list-style-type: none"> <li>★ Capitale Nationale</li> <li>● Ville de taille Moyenne</li> <li>★ Chef lieu de Province</li> <li>● Ville de taille Majeure</li> </ul>	<ul style="list-style-type: none"> <li>● Ville de taille Moyenne</li> <li>● Chef lieu de Territoire</li> <li>● Localité</li> </ul>	<ul style="list-style-type: none"> <li>— Limite Internationale</li> <li>— Limite Province</li> <li>— Limite Territoire</li> </ul>	<ul style="list-style-type: none"> <li>- - - Limite Zone de Santé</li> <li>— Route Nationale</li> <li>— Route Secondaire</li> </ul>	<ul style="list-style-type: none"> <li>— Route Tertiaire</li> <li>— Piste</li> <li>— Route en cours de réhabilitation</li> <li>— Route déjà réhabilitée / Construite</li> <li>— Plan d'eau</li> </ul>	<p>Source: Données: UNHCR, GeoTrust, SIDA, LE - Bureau des Nations Unies, les cartes et les déplacements collectés sur cette carte n'engagent pas l'investissement officiel ou l'acceptation par les Nations Unies.</p> <p>Système de Coord./Datum: Géographique / WGS84</p>
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Source: Logistics Cluster March 2019