

Protecting the Vulnerable

**An IRC Brief on Displacement
and TIP in Central Africa**



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Introduction

The Great Lakes and Central Africa region is experiencing a complex and deepening humanitarian crisis driven by persistent conflict, forced displacement and the rising threat of Trafficking in Person (TIP).

Countries such as the Democratic Republic of the Congo (DRC), Burundi, Tanzania and Cameroon, and their neighbors, continue to face overlapping emergencies that are displacing millions, straining fragile systems and heightening protection risks for the most vulnerable populations.

Forced displacement in the region is both widespread and protracted. The DRC alone hosts over 7.8 million Internally Displaced Peoples (IDPs), with significant cross-border movement into and out of Burundi, Rwanda, Tanzania and Uganda. While some communities are returning to their areas of origin, many are doing so under unsafe and involuntary conditions. At the same time, **host countries continue to absorb refugees despite limited resources**, leading to overstretched services, saturated social infrastructure and rising tensions in local communities.

This situation is further compounded by the growing prevalence of TIP, which is both a consequence and driver of displacement. Prolonged insecurity, poverty and weakened state institutions have created fertile ground for trafficking networks to exploit displaced and vulnerable individuals. **Women, children and unaccompanied minors are at particular risk of being trafficked** for forced labor, sexual exploitation or recruitment by armed groups.¹

The convergence of displacement and trafficking presents the urgent need for protection and policy solutions. This requires a coordinated, cross-border and survivor-centered response. At the same time, a major contraction in global funding for anti-trafficking programs threatens to reverse years of progress. As TIP prevalence rises, frontline services such as survivor assistance, prevention programs, and legal support are being scaled back or halted entirely, leaving **critical gaps in the regional protection framework**.

This brief analyzes the current trends in forced displacement and trafficking across Central Africa, with a focus on root causes, emerging risks and opportunities for durable solutions. It highlights the need for sustained humanitarian support, integration strategies and stronger collaboration between governments, civil society and international actors.

The brief also presents information and data on the IRC's work in the region, highlighting both emergency interventions and long-term solutions to the crisis. Without immediate and coordinated action, the region risks further instability, deeper exploitation, and the loss of hard-won development and protection gains.

Forced Displacement

The Great Lakes region has faced enduring and multifaceted cycles of forced displacement, with countries like Burundi, Rwanda, and the DRC serving both as places of origin and refuge.

Current displacement trends

This dynamic is driven by recurring conflict, political instability and climate crises which together push populations across borders in search of safety.

The interlinked nature of displacement in the Great Lakes region means that **instability in one country often reverberates across its neighbors**, contributing to an ongoing and evolving displacement crisis. By the end of 2024, the DRC was both a source of displacement for

more than 1 million refugees, with over half living in neighboring Uganda, and one of the region's major refugee hosting countries.

During 2024, the DRC welcomed more than half a million refugees, including 208,000 from Rwanda. Similar dynamics were at play across the region, with Rwanda hosting 81,000 Congolese refugees. Burundi hosted 89,443 Congolese refugees and asylum seekers, while 255,763 of its own nationals were living in exile, primarily in Tanzania, Rwanda, the DRC, Uganda and Kenya. These figures clearly highlight the deeply rooted and regional nature of displacement flows.

There has been a new wave of displacement since late 2024, when the security situation in eastern DRC worsened sharply amidst a notable surge in armed violence and severe human rights violations. **As of early 2025, an estimated 7.8 million people were internally displaced within the DRC**, including 1.2 million in the country's North and South Kivu regions alone. At the same time, some 1.8 million people returned, many involuntarily, from displacement camps to unstable home areas. Moreover, the crisis has spilled across borders, with over 71,385 Congolese seeking refuge in neighboring countries, particularly Burundi and Uganda. This has placed further strain on regional capacities and underscores the urgent need for coordinated humanitarian and protection responses.



Goma, North Kivu Province, DRC. Nadia, Joyeuse, and Marie-Jeanne, after attending appointments at an IRC psychological support programme.

Protecting vulnerable groups

In Central Africa, forced displacement continues to put considerable pressure on reception capacities and host communities. This often results in basic social services becoming saturated, and an increase in inter-community tensions. Together these exacerbate vulnerabilities, with communities often experiencing a resurgence of gender-based violence (GBV), increased school dropout rates, deteriorating mental health and a high epidemiological risk to cholera, MPOX and Ebola.

Special attention must be given to the most vulnerable groups to improve conditions for protection, strengthen individual and community resilience and to ensure equitable access to quality, basic social services in areas that are affected by forced displacement.

Durable solutions and integration

strategies

In the Great Lakes region, communities affected by displacement face a range of urgent humanitarian needs including emergency shelter, food assistance,

clean water and access to essential healthcare. These challenges cannot be tackled by addressing short-term needs alone.

Long-term, sustainable solutions are essential, including supporting the safe, voluntary and dignified return, or local integration, of displaced individuals into their native localities or new host areas. This requires improving physical infrastructure and service delivery, while also fostering inclusive conditions for economic empowerment, social cohesion and long-term self-sufficiency.

As part of this process, **it is key to ensure that evidence-based programming is implemented** to ensure displaced people can access legal documentation, education, vocational training and livelihood opportunities which can help them rebuild their lives and contribute to local economies.

A comprehensive, inclusive and rights-based approach is needed to bridge the gap between emergency response and long-term development in displacement-affected areas. **The humanitarian impact of this crisis will deepen without both immediate and sustained support**, pushing already overstretched response capacities to the brink.



Goma, North Kivu Province, DRC. An aerial view of the Bulengo displacement camp on the outskirts of the city of Goma.

Trafficking in Persons

TIP in Central Africa and the Great Lakes region is a complex issue, closely linked to armed conflict, displacement, poverty and weak governance.

The region's protracted instability, particularly in the Democratic Republic of the Congo (DRC), Burundi, Central African Republic (CAR), and Tanzania, creates an environment where trafficking thrives.

According to the Walk Free Foundation's Global Slavery Index (GSI) 2023², Burundi exhibits the highest TIP prevalence rate at 7.5 cases per thousand people. This is closely followed by CAR at 5.2, DRC at 4.5 and Tanzania at 2.9.

TIP in the region is largely driven by migration involving men, women and children fleeing economic hardship, armed conflict and climate disasters. These difficult conditions push people into situations where they're more likely to be trapped in forced labor, sexual exploitation or even recruited by armed groups. All of this is driven by social, economic and environmental pressures that leave communities with no choice but to move under dangerous and uncertain circumstances.

Examination of root causes and drivers of TIP

In conflict-affected areas, economic hardship, climate shocks and violence intersect with political instability and poor governance to create conditions that are ripe for trafficking. The breakdown of services, unmet basic needs and the marginalization

of vulnerable populations enable criminal networks to recruit individuals for exploitation. **Children are at particular risk** – often recruited by armed groups for combat, forced marriage and sexual violence.

There are a number of major barriers to the prosecution of traffickers, including corruption, weakened justice systems, displacement and limited resources. Conflict and limited digital access also hinder data collection and cross-border coordination on TIP cases.

Linkages between forced displacement and TIP

The dynamics of forced displacement in the Great Lakes region are a major driver of vulnerability to TIP. Large-scale and often sudden population movements, whether across borders or within countries, erode community protection mechanisms, sever social and family networks, and overwhelm already fragile state and humanitarian systems. In these conditions, individuals and families are left unprotected and exposed to exploitation.

Displaced populations, including refugees and Internally Displaced Peoples (IDPs), face a heightened risk of TIP through forced labor, sexual exploitation and recruitment by armed groups. This is a particular concern for women, children and unaccompanied minors.



Kalemie, Tanganyika Province, DRC. Issa Zvena brings her malnourished child Natasha to Nyemba Health Center. Natasha has severe acute malnutrition and is given a course of emergency therapeutic food by an IRC healthcare project.

Exploitation frequently occurs along the entire displacement cycle – on the move, in transit, in camps or host communities, and even after return. When returns are premature, or take place in unstable and insecure environments without adequate reintegration support, they perpetuate cycles of exploitation and re-trafficking, deepening both individual harm and regional instability.

Trafficking patterns

Due to the hidden nature of trafficking, **data-driven approaches are essential to the mapping of vulnerabilities and trends**. Tools like the Global Slavery Index (GSI) assess factors including governance, inequality and conflict to determine the vulnerability level of a nation's population. Meanwhile, rapid data collection, stakeholder mapping and key informant interviews (KIIs) across Central Africa help identify duty-bearers, responders and potential partnerships.

Regional policy frameworks such as those published by the African Union³ and the International Labour

Organization⁴ reflect an increasing commitment to combating TIP. These policy frameworks offer valuable opportunities for advocacy and systems-strengthening work, in particular around the "4Ps": prevention, protection, prosecution and partnerships.

Protection and rehabilitation services

TIP survivors often require specialized and urgent protection, including safety, shelter, food, sanitation, and physical and psychosocial medical care. However, this needs to be followed by sustainable, dignified repatriation and reintegration.

This longer-term support often involves education, vocational training, employment, family reunification and access to justice. The availability of such services depends on legal status, national policies and local capacities. Thus, **tailored, case-by-case support is critical to ensuring survivors are safely resettled** and can pursue justice safely, and without obstacles or restrictions.

Community-based protection strategies

Strengthening the resilience of at-risk individuals and communities is central to preventing TIP in the Great Lakes region. Volunteer networks play a key role in identifying vulnerable individuals and linking them to services designed to prevent trafficking and exploitation before it occurs. Public awareness, media campaigns and community engagement can also help shift harmful social norms and reduce complicity in trafficking.

Economic empowerment is crucial. It provides access to safe, sustainable livelihoods which gives individuals greater autonomy and protection from TIP. In addition, **financial control reduces the likelihood of individuals resorting to unsafe migration or exploitative work.**



After sports, the miners get together to socialize. That's where the idea for Ziganya, our savings bank, was born. Today, we each contribute 1,000 Fbu. Ziganya allowed me to start my small banana, tomato, and avocado business thanks to a loan of 50,000 Fbu.

Nicole Makwano Ntore
Community Organizer, Burundi

Response mechanisms

Addressing TIP effectively requires coordinated action across all levels. **Community leaders are central to shifting harmful norms** and supporting survivors, while governments must go beyond adopting laws to ensure they are fully enforced and consistently applied.

In many countries, the legal frameworks to combat TIP exist but are often fragmented or unevenly implemented due to corruption, limited resources, and weak coordination between law enforcement, the judiciary and social services. Bridging this persistent gap between legislation and on-the-ground practice is essential to holding perpetrators accountable and protecting victims.

Humanitarian and development actors, working alongside local partners and state institutions, play a vital role in prevention, direct assistance to survivors and strengthening protection systems. Donors can help sustain services, build capacity and promote accountability by linking funding to clear protection outcomes and supporting cross-border coordination.

A shifting funding landscape

Starting in 2025, the fight against TIP faces an unprecedented funding contraction. The USA has historically been the leading dedicated donor, providing more than half of all global resources for TIP programs. However, this support has been significantly scaled back creating a gap that no single actor can fill alone. This shift comes just as TIP prevalence is rising. The result is severe disruption to essential services, from survivor assistance to prevention and cross-border coordination. Without swift action, years of progress could be lost.

Moving forward, **governments and partners must urgently mobilize** alternative resources and embed TIP priorities within broader protection and migration strategies. A coordinated, multilateral effort will be critical to sustain frontline services and prevent a reversal of hard-won gains.

The IRC's Work in the Region

Despite Central Africa's ongoing military-political crises, the IRC delivers multi-sectoral aid to displaced people, returnees and conflict-affected host communities.

Cameroon

Limited resources and recurring displacements have worsened WASH conditions in Cameroon. Yet, in 2024, the IRC rehabilitated water points, built latrines and provided hygiene education to thousands.



Kalemie, Tanganyika Province, DRC. Carine Rashid's child has been recommended for a stay at the health center and a course of emergency therapeutic food at the IRC supported Nyemba Health Center after a diagnosis of severe acute malnutrition.



In Cameroon

hygiene kits were distributed to

2,046

people by the IRC.

Local populations are exposed to protection risks such as displacement, kidnapping and looting due to ongoing conflicts. **The IRC's Economic Recovery and Development program helped 12,331 people with cash aid and training** to improve economic resilience and stability within affected communities.

19,415 individuals have been supported by the IRC's education programs such as the Accelerated Education Program (AEP). These initiatives work to improve access, safety and community resilience for displaced children.

Tanzania

In Tanzania, the IRC provides critical health, education and protection services to refugees, asylum seekers and host communities. Through strategic partnerships and community engagement, **the IRC enhances access to essential services and empowers vulnerable populations.**



In Tanzania
the IRC delivered

95,465

outpatient consultations.

In 2024, comprehensive **access to primary care, reproductive and child services, and mental health support remained a key IRC priority.**

The organization treated 202 children for severe malnutrition, reached over 2,100 women with antenatal and postnatal care, and supported 1,151 displaced people with psychiatry services.

In education, the IRC supported 56,595 refugee students in Nduta and Nyarugusu camps with inclusive education from preschool to tertiary levels. In addition, 1,110 teachers were trained and digital learning was expanded.

Nine students received university scholarships, and TVET programs provided vocational training to enhance youth skills.

Burundi

In close collaboration with key partners, the IRC leads the largest reintegration program in Burundi, supporting refugees, returnees and IDPs with access to housing, healthcare, education and livelihood opportunities. Through regional coordination, Burundian refugees residing in camps in Tanzania are supported with safe, dignified and well-coordinated returns to the country.

Durable solutions and regional stability are promoted by the IRC through the building of community resilience. **Enhancing local infrastructure and services reduces the strain on host communities and promotes social cohesion.** Vulnerable groups, especially women and children, are safeguarded through protection and advocacy efforts.



In Burundi
cash assistance totaling

\$1.24 million

was distributed to 1,487
displaced families.

Hygiene kits reached 35,000 people, and cholera prevention was reinforced through targeted training sessions for the IRC's staff to strengthen disease prevention efforts.

The DRC

The IRC has an integrated approach across protection, education, health and WASH to help strengthen community resilience and meet the urgent needs of vulnerable, displaced populations in North Kivu, South Kivu, Ituri and Tanganyika.

In 2024, the IRC supported 536 vulnerable children with case management including unaccompanied children, children released from armed groups and victims of gender-based violence. **Tailored programs provided quality education to displaced pupils in safe and inclusive environments.** The IRC reintegrated 6,292 out-of-school children, and trained teachers and school protection staff.

Health programs served 196,705 patients, provided maternal care and treated 12,438 children for severe malnutrition. Meanwhile, WASH activities improved hygiene in schools, health centers and IDP camps to benefit over 28,000 people.



In the DRC
the IRC improved access for

60,745

students across 88 schools.



Kalemie, Tanganyika Province, DRC. IRC community healthcare worker Shabani Bwanamazi measures a child's arm, finding he suffers from malnutrition. The child will receive RUTF to combat the malnutrition.



Kalemie, Tanganyika Province, DRC. Mwamba Bimuloko with her child Nkulu who is being treated for malnutrition at the IRC supported Nyemba Health Center. Mwamba is a mother of 6, and struggles to provide a balanced diet for her family, and mostly prepared cassava, until her child developed severe acute malnutrition.

The Health Impacts of Displacement and Exploitation

Across Burundi, the DRC, Chad, CAR and Cameroon, **displacement and modern slavery have severely limited people's ability to access healthcare**. Conflict has left 70% of these countries' facilities non-functional⁵, while displaced and trafficked individuals face additional barriers to access including cost, distance and fear of exploitation. This too often results in illnesses remaining untreated, or people suffering from chronic conditions and poor mental health.

Maternal mortality rates in displacement settings often surpass 500 per 100,000 live births⁶. Meanwhile, children lack access to vaccinations⁷ and suffer from chronic malnutrition that exceeds emergency thresholds⁸. **Women and girls lack safe, private sanitation** which is exacerbated by poor WASH services. Furthermore, vulnerable groups in forced

labor experience additional health consequences due to hazardous conditions, abuse, deprivation and a lack of medical attention.

The IRC's work

The IRC delivers lifesaving health, WASH and nutrition services across the region, supporting 27 million people each year through mobile clinics, emergency response teams and simplified malnutrition treatment protocols⁹.

Moving forward, improving referral mechanisms for trafficking victims, building trust in communities, and also investing in health protocols and infrastructure will be central to Central Africa's emergency and long-term health security.

5. See 'WHO Health Cluster Central Africa regional reports (2023-2024)'.
6. See 'UNFPA State of World Population Report (2024)'.
7. See 'WHO-UNICEF Estimates of National Immunization Coverage (2024)'.
8. See 'IPC Acute Malnutrition Analysis, Central Africa (2024)'.
9. See the IRC internal program data and research publications.



The International Rescue Committee (IRC) helps people whose lives have been shattered by conflict and disaster to survive, recover and rebuild.

In 1933, Albert Einstein helped found the organization that would become the IRC. We now work in over 40 crisis-affected countries as well as communities throughout Europe and the Americas. Ingenuity, fortitude and optimism remain at the heart of who we are. We deliver lasting impact by providing health care, helping children learn, and empowering individuals and communities to become self-reliant, always with a focus on the unique needs of women and girls.