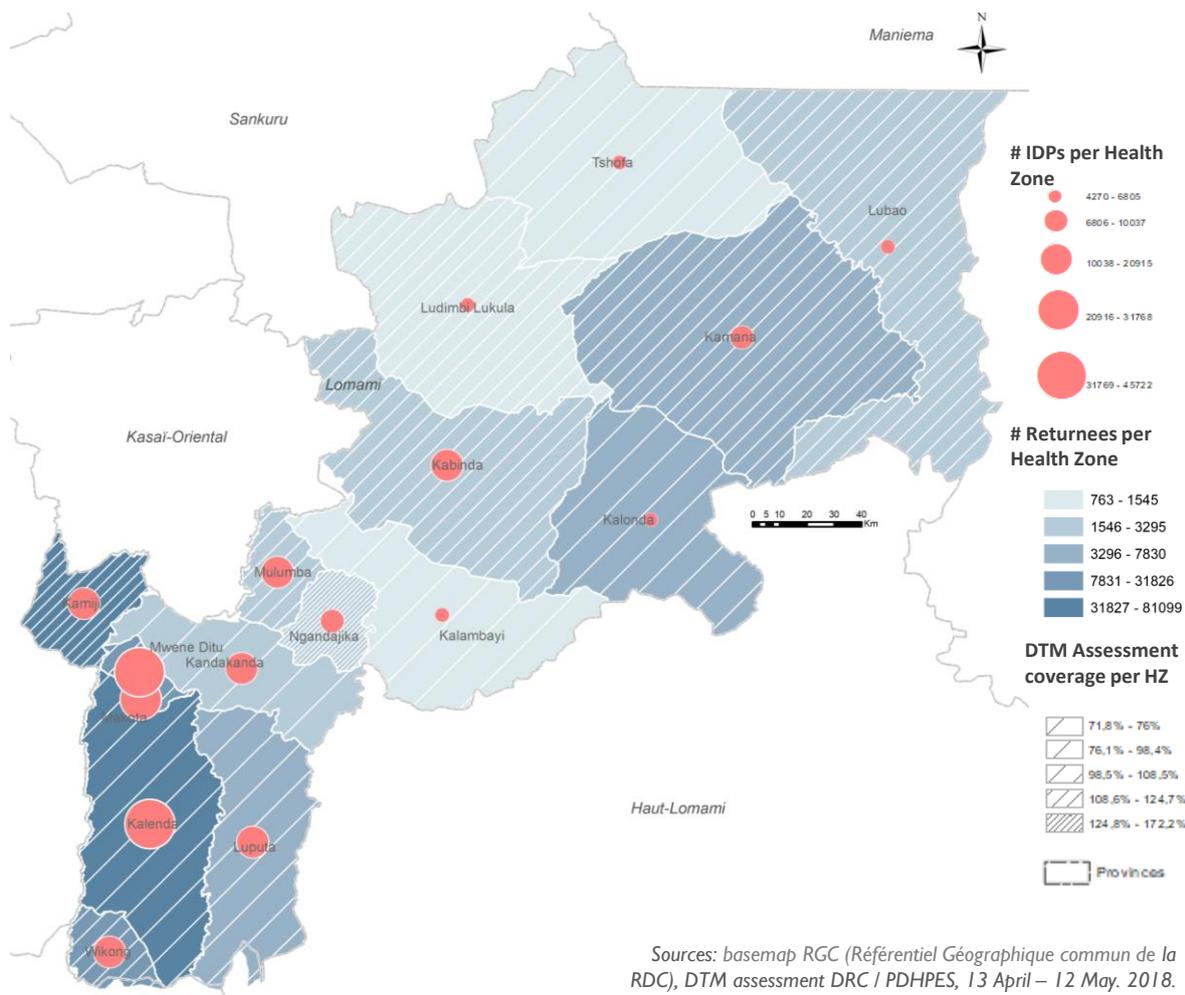


Forced displacement and Return movements in Lomami - Assessment Report

As a response to the humanitarian crisis that is currently affecting the **Democratic Republic of Congo**, the International Organization for Migration (IOM) launched Displacement Tracking Matrix exercises (DTM) in seven (7) provinces of the country in order to collect up-to-date information on forcibly displaced persons and returnees. These results will provide a better understanding of the displacement dynamics in DRC and support the humanitarian response.

This report provides the main findings of the DTM assessments that were conducted in the **Lomami** province from the 13th of April to the 12th of May 2018 within 312 health areas (aires de santé). The information provided in this report reflects population movements that occurred in 2016, 2017, and during the first quarter of 2018.

These assessments were conducted following standard DTM methodologies and tools that were developed by IOM in various countries in the world. IOM field teams have reached all the accessible villages in the Lomami province and collected data through key informants interviews.



Sources: basemap RGC (Référentiel Géographique commun de la RDC), DTM assessment DRC / PDHPES, 13 April – 12 May, 2018. This map is for illustration purposes only.

For these assessments, a total of 2,684 villages have been evaluated through 8,977 key informants' interviews by IOM's partner PDHPES, in collaboration with the DPS (Division Provinciale de la Santé). In general, most of the IDPs in the province have been identified in the territories of Luilu and Mwene-Ditu (35 % and 31 % respectively). In **Mwene-Ditu**, **Kalenda**, and **Makota** health zones, the displaced population represents 18 %, 15,4 % and 12,6 % of the IDPs identified in the Lomami province, respectively. Although only 6 % of the IDPs of the province were recorded in Kamiji, the displaced population in this health zone represents 18 % of the local population. **Luilu**, which is the territory mostly affected by internal displacement movements, is also the main returning area where 40,6 % of the return movements have occurred. Around 30 % of the returnees in the province live in Kalenda health zones, they represent 38 % of the local population in this area.

 <p>2,684 Villages Assessed</p>	 <p>8,977 Key informants</p>	 <p>252,918 IDPs*</p>	 <p>266,575 Returnees*</p>
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* Estimations - The results presented in this report are based on estimations provided by key informants in each village.

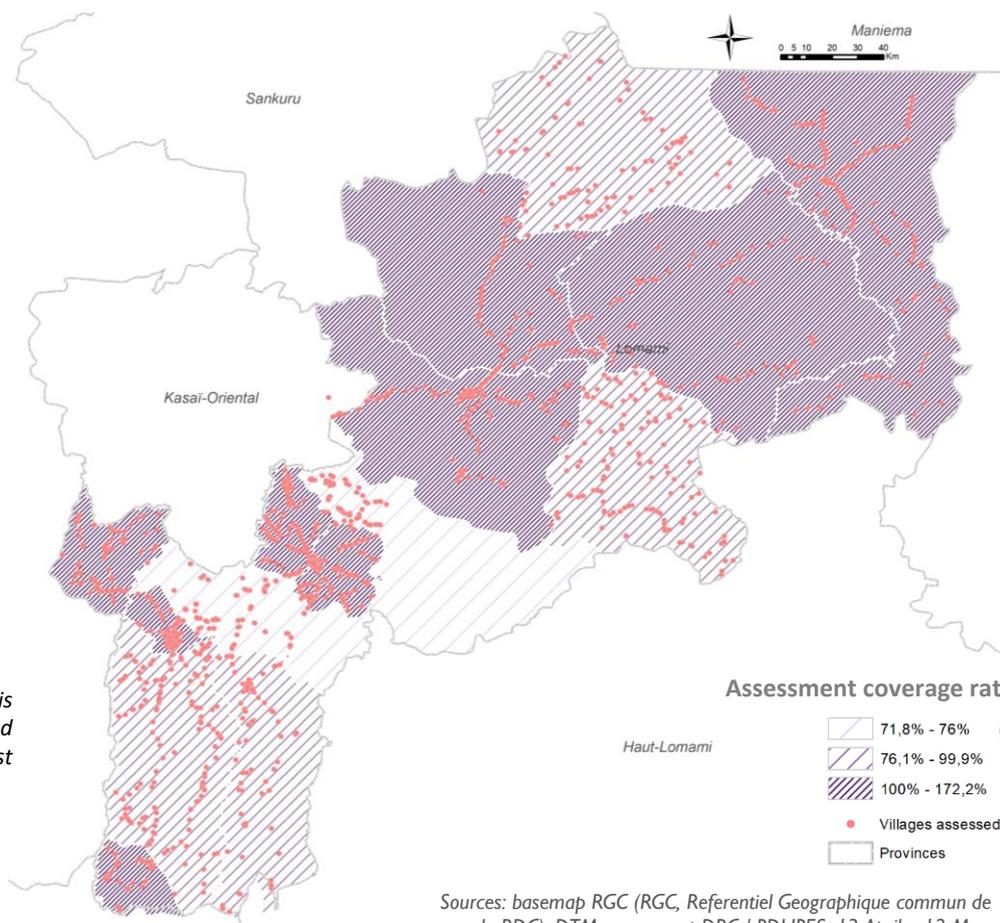
Methodology and geographic coverage

Nearly all the villages reported by the Health provincial division in the Lomami province have been evaluated (2,684). The coverage of some areas has remained incomplete because of logistical and security limitations. In many health zones, bridges and roads were missing which has prevented the teams to reach every villages. In Kanda Kanda, the presence of many crocodiles has deterred the enumerators to reach their intended location. The lack of infrastructures in the province remains a significant challenge for local population. Many villages are located in remote areas that humanitarian actors are not able to reach. While some villages did not exist on the original list provided by the DPS, a total of 184 new villages have been found and evaluated by the enumerators in the field. For the majority of these villages, the GPS coordinates have been recorded. Though health zones were all accessible, in particular in Kalambayi Kabanga, the security limitations caused by inter-communal conflicts have prevented the field teams to cover the areas in an exhaustive way. However, for those areas, many assessments have been conducted remotely through the key informants. *

Villages assessed

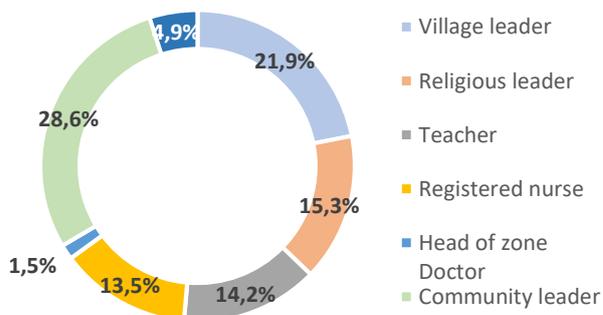
Health zones	All Villages (DPS)	# Villages DTM	Coverage rate
Kabinda	266	272	102,3%
Kalonda	169	160	94,7%
Ludimbi Lukula	218	219	100,5%
Makota	93	94	101,1%
Mwene Ditu	195	203	104,1%
Kalenda	184	177	96,2%
Kandakanda	233	177	76,0%
Luputa	150	139	92,7%
Wikong	69	71	102,9%
Kamiji	73	91	124,7%
Kalambayi	206	148	71,8%
Mulumba	165	179	108,5%
Ngandajika	108	186	172,2%
Kamana	170	180	105,9%
Lubao	254	261	102,8%
Tshofa	129	127	98,4%
Total	2682	2684	100,1%

For some villages, the rate is higher than 100%: this is explained by the fact that new villages have been found in the field, those villages were not recorded in the list provided by the DPS.



Sources: basemap RGC (RGC, Referentiel Geographique commun de la RDC). DTM assessment DRC / PDHPES, 13 April – 12 May, 2018. This map is for illustration purposes only.

Key informants



In Ludimbi Lukula Health zone, field teams could not reach most of the villages (65 %) and record accurate GPS coordinates: in those cases, assessments were conducted remotely. Many of these villages are extremely isolated and disconnected from the rest of the province. The population density is the weakest in the province, its inhabitants suffer from the lack of transport infrastructures (bridges and good road conditions) and drinking water. To a lesser extent, this situation has also been observed in Kabinda, Kamana and Lubao health zones where nearly 30 % of the villages could not be reached because of similar reasons.

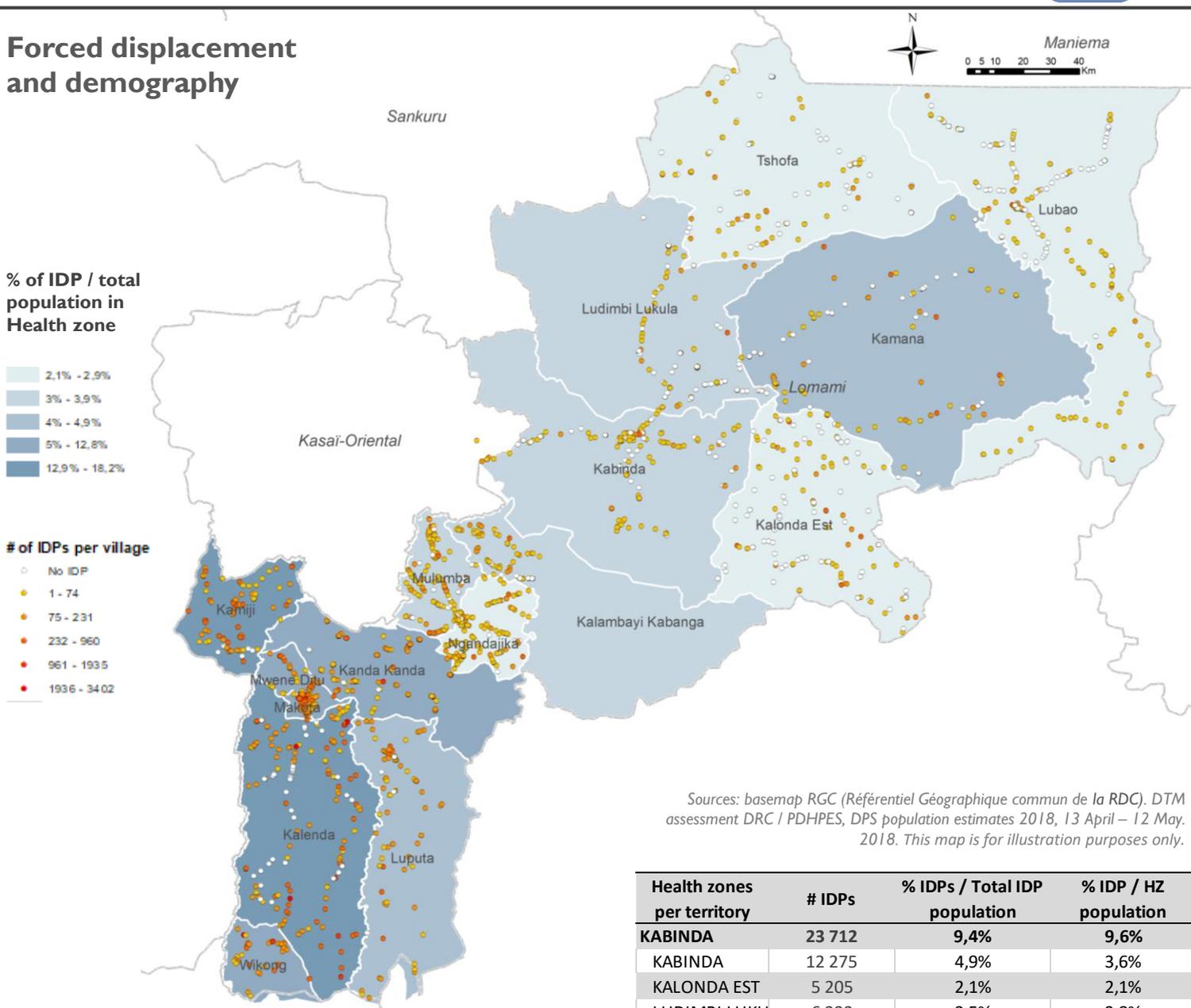
What are Health zones and Health areas? In DRC, the DTM teams are working in close collaboration with the Ministry of Health and its provincial divisions - the DPS (Division Provinciale de la Santé). These provincial divisions work at three geographical levels of subdivisions: territories, health zones and health areas. The territories are comprised of a set of health zones which are themselves composed of a lower set of subdivisions called health areas (aires de santé).

*Data regarding the villages accessibility is available upon request. ** The GPS coordinates of some villages are not available



Displaced persons

Forced displacement and demography



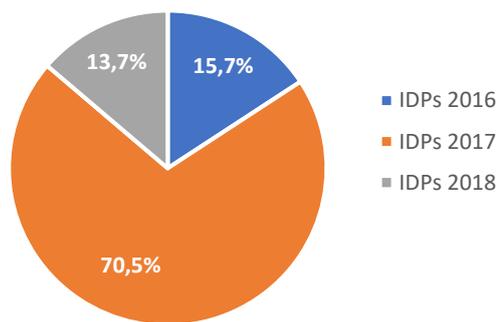
Sources: basemap RGC (Référentiel Géographique commun de la RDC). DTM assessment DRC / PDHPES, DPS population estimates 2018, 13 April – 12 May, 2018. This map is for illustration purposes only.

The territories of Luilu and Mwene-Ditu host most of the IDPs in the province (34,8 % and 30,6 %, respectively). With 45,722 IDPs, Mwene-Ditu is the most affected health zone, followed by Kalenda and Makota. More over, Cim, in Mwene-Ditu, is the health area that has received the highest number of IDPs in the province. The pressure of the displacement is extremely high in Kalenda health zone, in particular in Ngoyi Banda, Tshilomba and Tsimanda health areas: indeed, the presence of the IDPs represent 62 %, 80 % and 103 % of the local population, respectively.

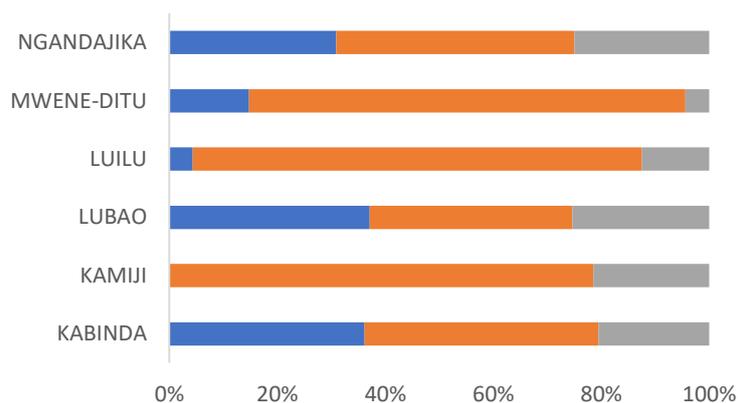
More broadly, the population densities in Mwene-Ditu and Makota health zones are higher than in other affected areas in the province such as Kalenda and Kanda Kanda. In Kalenda and Mwene-Ditu, the IDP population represents 18 % and 10 % of the local population, respectively. Local populations in these two health zones may therefore certainly feel the presence of the IDPs differently.

Health zones per territory	# IDPs	% IDPs / Total IDP population	% IDP / HZ population
KABINDA	23 712	9,4%	9,6%
KABINDA	12 275	4,9%	3,6%
KALONDA EST	5 205	2,1%	2,1%
LUDIMBI LUKU	6 232	2,5%	3,8%
KAMIJI	16 073	6,4%	15,4%
KAMIJI	16 073	6,4%	15,4%
LUBAO	19 398	7,7%	10,1%
KAMANA	10 037	4,0%	4,9%
LUBAO	5 091	2,0%	2,3%
TSHOFA	4 270	1,7%	2,9%
LUILU	87 891	34,8%	42,7%
KALENDA	38 824	15,4%	18,2%
KANDA KANDA	20 915	8,3%	8,6%
LUPUTA	14 479	5,7%	4,9%
WIKONG	13 673	5,4%	10,9%
MWENE-DITU	77 490	30,6%	22,9%
MAKOTA	31 768	12,6%	12,8%
MWENE-DITU	45 722	18,1%	10,1%
NGANDAJIKA	28 354	11,2%	9,7%
KALAMBAYI KA	6 805	2,7%	3,2%
MULUMBA	13 116	5,2%	3,9%
NGANDAJIKA	8 433	3,3%	2,6%
Total	252 918	100,0%	6,50%

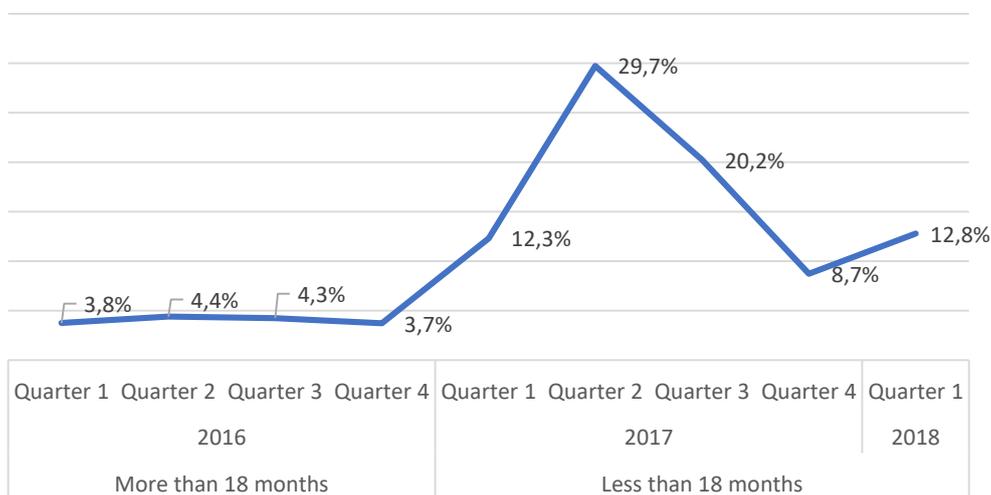
Displacement period



Displacement period per territory



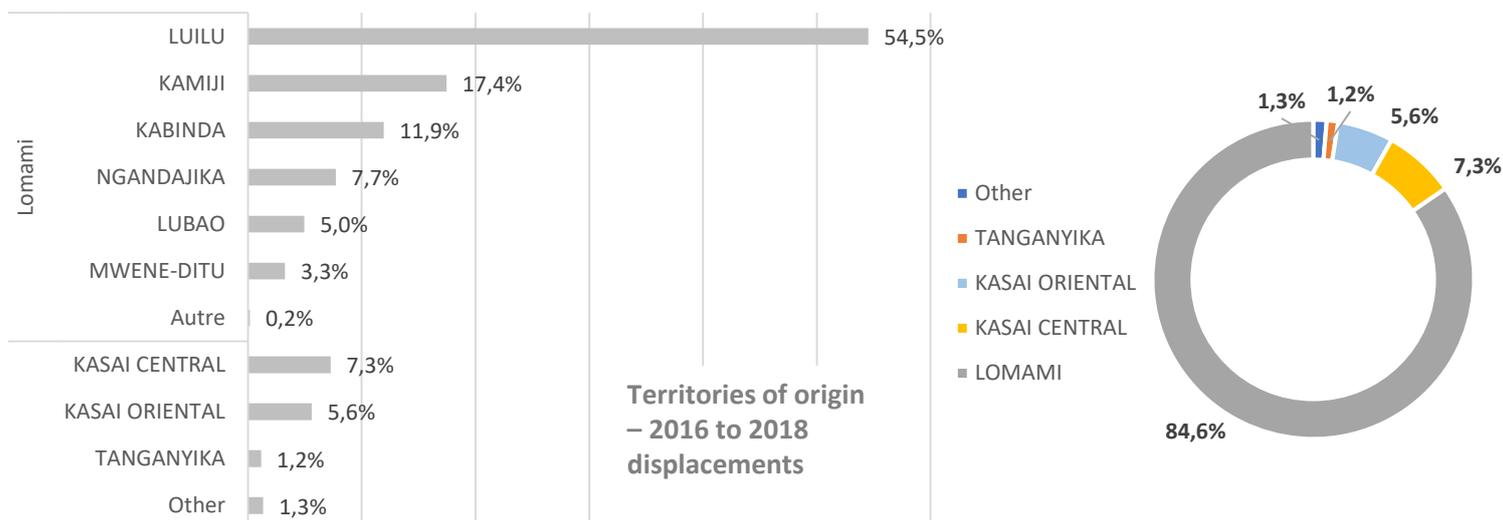
Thus far, in Lomami, most of the households were displaced in 2017. Internal displacement movements during the first quarter of 2018, were mostly observed in Lubao (25 %) and Ngandajika (25 %) territories. In Kamiji, no IDPs have been reported in 2016.



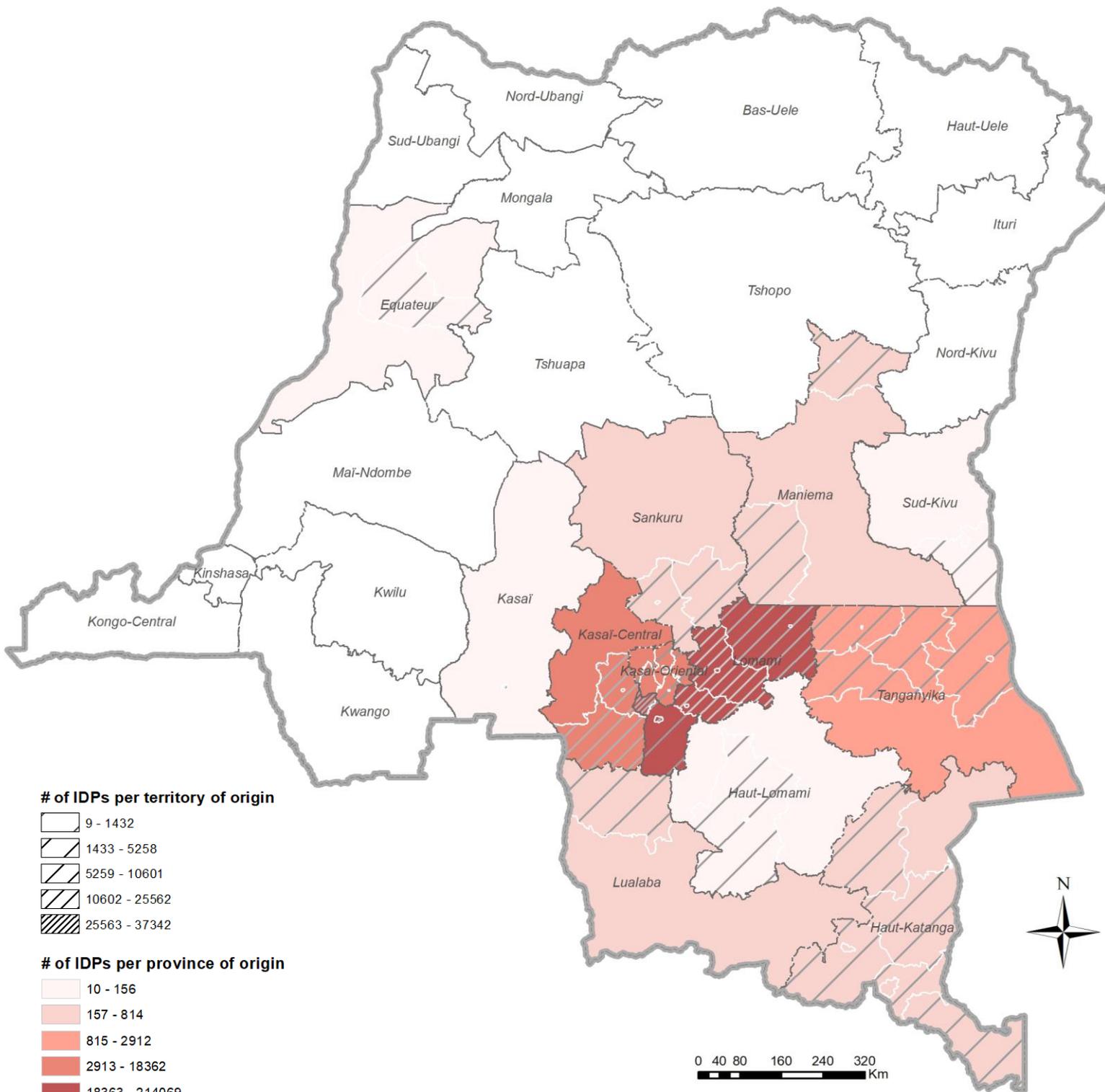
16,2 % of the IDPs were displaced more than 18 months ago. Half of the IDPs (50 %) have been displaced during the second and third quarters of 2017.

Origin of the IDPs

Most of the IDPs used to live in the Lomami province before their displacement (84,4 %). They mainly come from the territories of Luilu, Kamiji and Kabinda (54,5 %, 17,4 % and 11,9 %, respectively). The other provinces of origin are Kasai Central (7,3%) and Kasai Oriental (5,6%). The IDPs coming from Kasai Central mainly used to live in the territories of Dibaya and Luiza.



IDPs' origin in Lomami

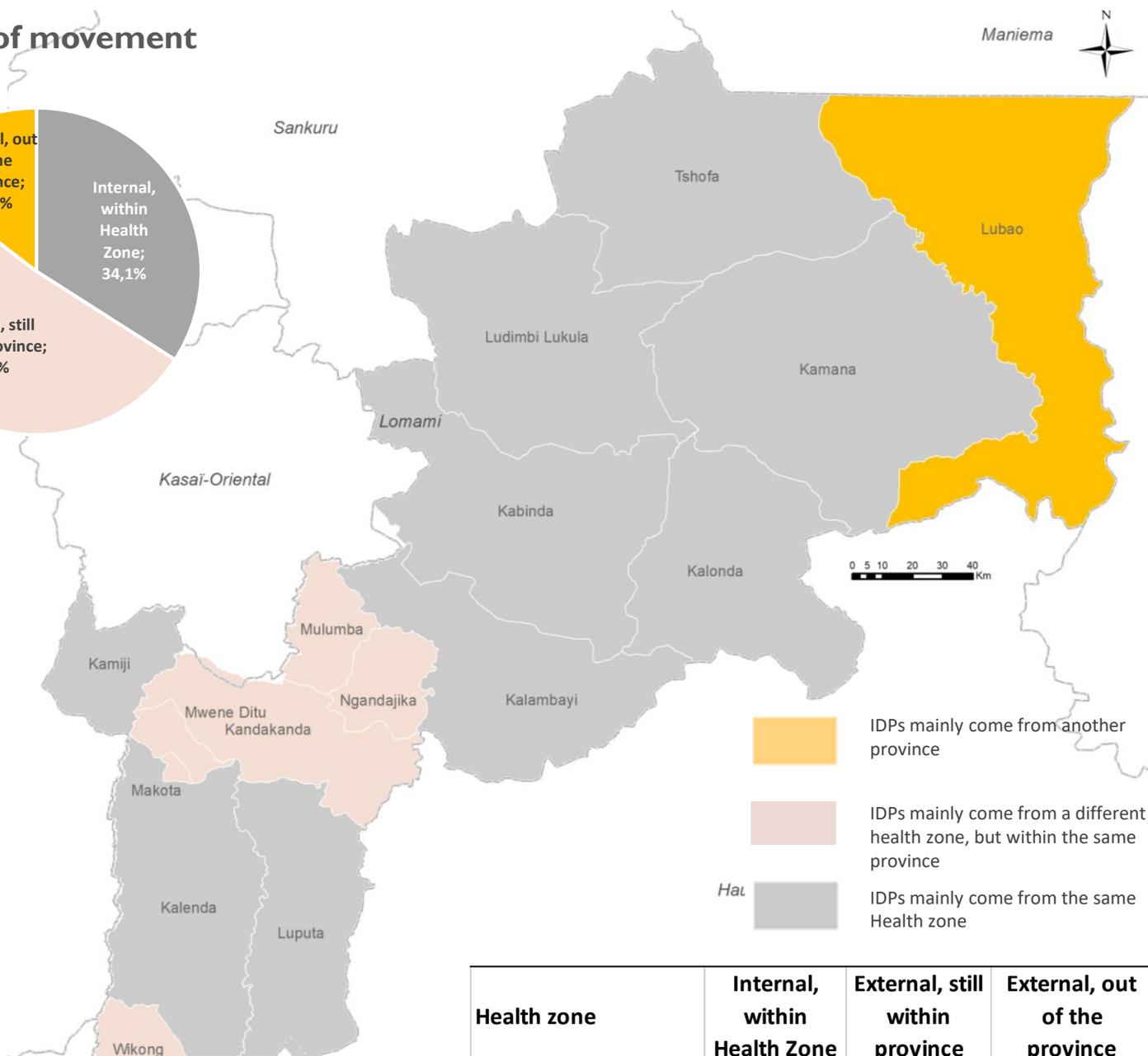
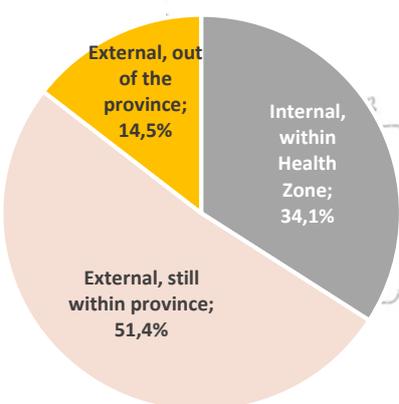


Provinces of Origin	# IDPs
Other	3 395
TANGANYIKA	2 912
KASAI ORIENTAL	14 180
KASAI CENTRAL	18 362
LOMAMI	214 069
Total	252 918

Base Map Source: basemap RGC (Référentiel Géographique commun de la RDC). DTM assessment DRC / PDHPES, C, 13 April – 12 May, 2018

This map is for illustration purposes only. The depiction and use of boundaries, geographic names, and related data shown on maps and included in this report are not warranted to be free of error nor do they imply judgment on the legal status of any territory, or any endorsement or acceptance of such boundaries by IOM.

Types of movement

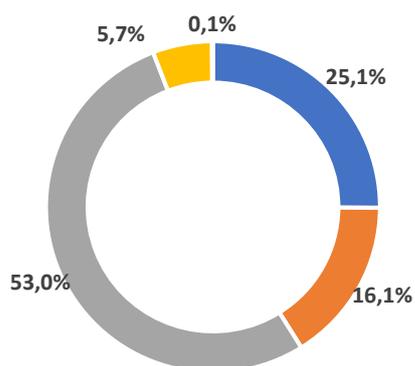


Health zone	Internal, within Health Zone	External, still within province	External, out of the province
KABINDA	64,5%	30,9%	4,7%
KALAMBAYI KABANGA	59,0%	23,0%	18,0%
KALENDA	73,0%	19,7%	7,3%
KALONDA EST	86,0%	13,9%	0,1%
KAMANA	54,3%	35,2%	10,4%
KAMIJI	60,4%	2,4%	37,2%
KANDA KANDA	23,4%	59,2%	17,4%
LUBAO	12,5%	22,5%	65,0%
LUDIMBI LUKULA	50,1%	44,4%	5,5%
LUPUTA	73,9%	25,0%	1,1%
MAKOTA	0,0%	76,2%	23,8%
MULUMBA	2,9%	67,6%	29,5%
MWENE-DITU	2,7%	92,2%	5,1%
NGANDAJIKA	12,0%	69,0%	19,0%
TSHOFA	35,3%	34,5%	30,2%
WIKONG	20,2%	72,9%	6,9%
Total	34,1%	51,4%	14,5%

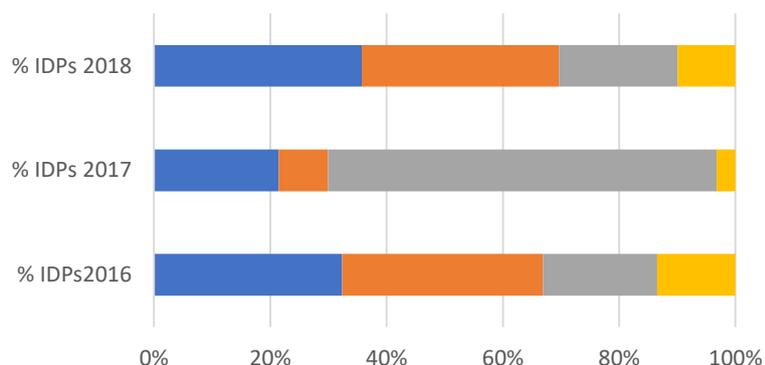
At the level of the health zones, data indicates that most of the displacements occurred between the health zones of the province (51 %) – in other words, IDPs fled out of their health zone when they were displaced but did not leave the province. Most of the IDPs may have traveled long distance to reach their current displacement area. This distance may have an impact on future return movement.

Lubao, which is a health zone located in the Eastern part of the province, mainly received IDPs coming from another province: 2 % of the IDPs were identified in Lubao and most of them arrived from Tanganyika and Kasai Oriental (33 % and 26 % respectively in this health zone). Population movements occurring at the level of the health zones are less (34 % - in terms of IDPs figures) although they are preponderant in nine out of 16 health zones in the province.

Reasons for displacement



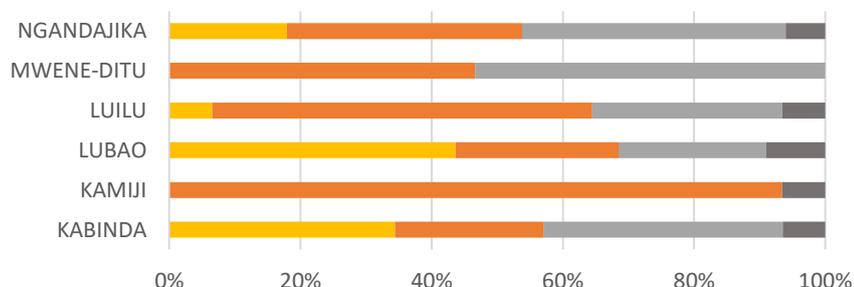
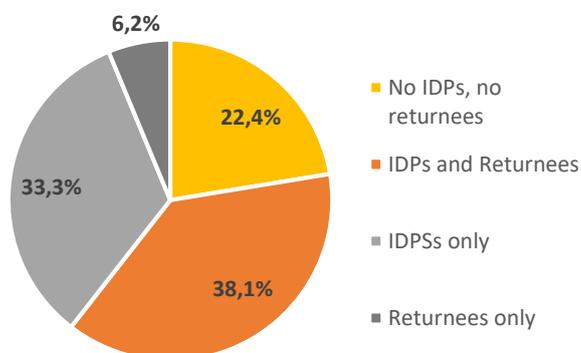
- Inter-communal conflict
- Food Crisis
- Armed group attacks
- Other
- Does not know



According to the data collected, most of the individuals were displaced in 2017 because of Armed group attacks (67 %). By contrast, in 2016 and 2018, most of the individuals fled inter-communal conflicts and food crisis (between 32 and 35 % on average). However, it is worth noting that since 2016, food crisis has forced a large number of individuals to flee - between 11 000 and 15 000 individuals each year.

Reasons for displacement	# Individuals displaced in 2016	% Individuals displaced in 2016	# Individuals displaced in 2017	% Individuals displaced in 2017	# Individuals displaced in 2018	% Individuals displaced in 2018	# IDPs Total	% IDPs Total
Inter-communal conflict	12 889	32,4%	38 229	21,4%	12 307	35,5%	63 425	25,1%
Food Crisis	13 740	34,5%	15 160	8,5%	11 695	33,7%	40 595	16,1%
Armed group attacks	7 842	19,7%	119 236	66,8%	7 052	20,3%	134 130	53,0%
Other	5 354	13,4%	5 765	3,2%	3 413	9,8%	14 532	5,7%
Does not know	0	0,0%	0	0,0%	236	0,7%	236	0,1%
Total	39 825	100,0%	178 390	100,0%	34 703	100,0%	252 918	100,0%

Presence of IDPs and Returnees in the villages



Presence of IDPs and Returnees in villages per Territory

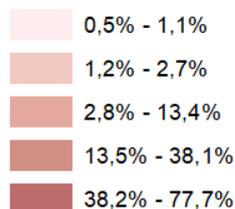
Approximately 22 % of the villages assessed in Lomami have not been affected by internal displacement and do not host IDPs nor Returnees. Moreover, at the level of the province there are both IDPs and Returnees in 38 % of the villages. IDPs have been reported in all the villages assessed in Mwene-Ditu territory, and, in Kamiji, nearly 94 % of the villages host IDPs and returnees.



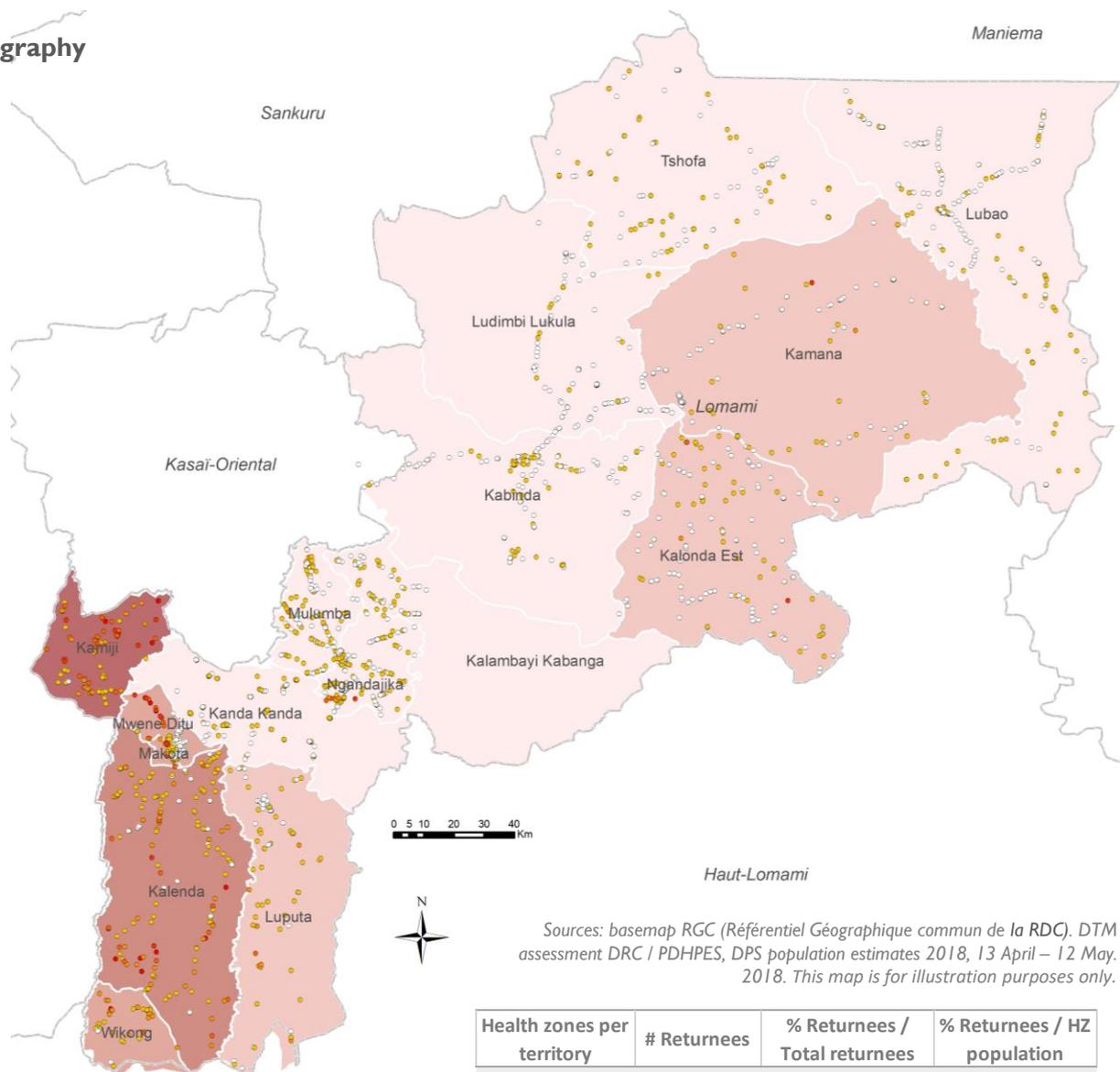
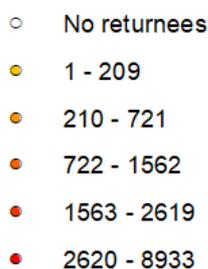
Returns

Returns and demography

% Returnees / Health Zone population



Returnees per Village



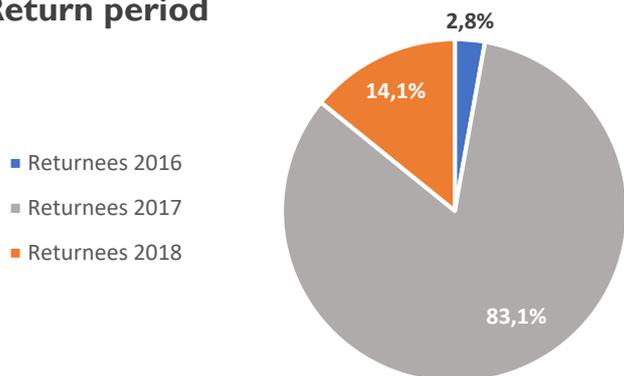
Luilu, which is the territory mostly affected by internal displacement movements, is also the main returning area where 40,6 % of the return movements have occurred. Around 30 % of the returnees in the province live in Kalenda health zone, they represent 38 % of the local population in this health zone. The territory of Kamiji is much more affected by return movements by new internal displacement movements : 30,4 % of the returnees have been identified in this territory. In total, in Kamiji, the returnees represent nearly 80 % of the local population. In other words, almost the entire population of Kamiji has been displaced since 2016.

In total, **266,575** individuals have returned to their area of origin since 2016 and are no longer counted as IDPs. The main health zones where return movements have been observed are Kalenda (30,4 %), Kamiji (30,4 %), and Mwene-Ditu (11,9 %). These return movements may be more or less significant as regards to the proportion of returnees compared to the total population: the returnees represent 38 %, 77,7 % and 7 % of the local population, respectively, in the corresponding zones.

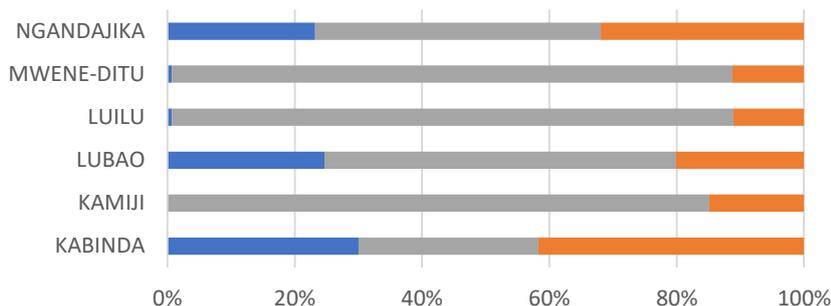
Sources: basemap RGC (Référentiel Géographique commun de la RDC). DTM assessment DRC / PDHPES, DPS population estimates 2018, 13 April – 12 May, 2018. This map is for illustration purposes only.

Health zones per territory	# Returnees	% Returnees / Total returnees	% Returnees / HZ population
KABINDA	9 042	3,4%	3,5%
KABINDA	3 295	1,2%	1,0%
KALONDA EST	4 984	1,9%	2,0%
LUDIMBI LUKUL	763	0,3%	0,5%
KAMIJI	81 099	30,4%	77,7%
KAMIJI	81 099	30,4%	77,7%
LUBAO	8 681	3,3%	4,4%
KAMANA	4 874	1,8%	2,4%
LUBAO	2 262	0,8%	1,0%
TSHOFA	1 545	0,6%	1,0%
LUILU	108 138	40,6%	55,2%
KALENDA	80 976	30,4%	38,1%
KANDA KANDA	2 558	1,0%	1,1%
LUPUTA	7 830	2,9%	2,7%
WIKONG	16 774	6,3%	13,4%
MWENE-DITU	53 203	20,0%	15,6%
MAKOTA	21 377	8,0%	8,6%
MWENE-DITU	31 826	11,9%	7,0%
NGANDAJIKA	6 412	2,4%	2,1%
KALAMBAYI KAB	1 019	0,4%	0,5%
MULUMBA	2 879	1,1%	0,9%
NGANDAJIKA	2 514	0,9%	0,8%
Total	266 575	100,0%	6,9%

Return period

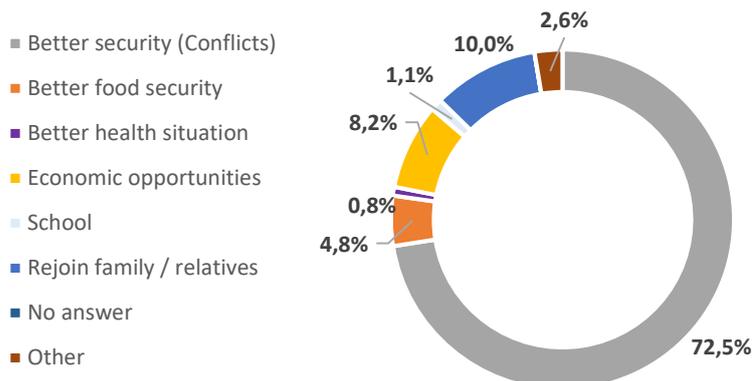


Return period per territory



The data collected indicates that most of the return movements occurred in 2017. Since the beginning of 2018, it is worth noting that all these territories have already received returnees especially in Kabinda and Ngandajika – where respectively 42 % and 32% of the return movements have occurred in 2018.

Reasons for Return movements

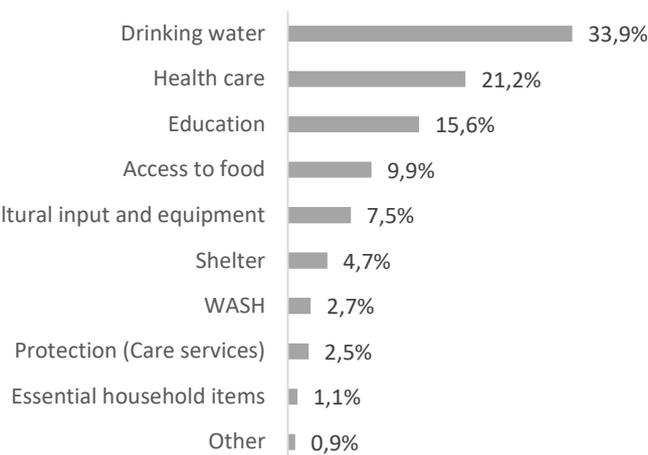


The data collected indicates that 72,5 % of the returnees went back to their area of origin because the security situation had improved. In 2016, nearly 30 % of the returnees declared that they were willing to rejoin their family and relatives – this return driver has been decreasing since 2016 as in 2018, only 10,4 % of the returnees went back to their village of origin for family reasons.

Reason for return	# Returnees 2016	% Returnees 2016	# Returnees 2017	% Returnees 2017	# Returnees 2018	% Returnees 2018	Total	% Total
Better security (Conflicts)	2 026	27,2%	170 176	76,8%	21 095	56,1%	193 297	72,5%
Better food security	1 019	13,7%	6 231	2,8%	5 446	14,5%	12 696	4,8%
Better health situation	526	7,1%	990	0,4%	671	1,8%	2 187	0,8%
Economic opportunities	1 481	19,9%	14 999	6,8%	5 311	14,1%	21 791	8,2%
School	44	0,6%	2 430	1,1%	462	1,2%	2 936	1,1%
Rejoin family / relatives	2 225	29,8%	20 526	9,3%	3 896	10,4%	26 647	10,0%
No answer	25	0,3%	0	0,0%	5	0,0%	30	0,0%
Other	108	1,4%	6 181	2,8%	702	1,9%	6 991	2,6%
Total	7 454	100,0%	221 533	100,0%	37 588	100,0%	266 575	100,0%

Infrastructures and priority needs

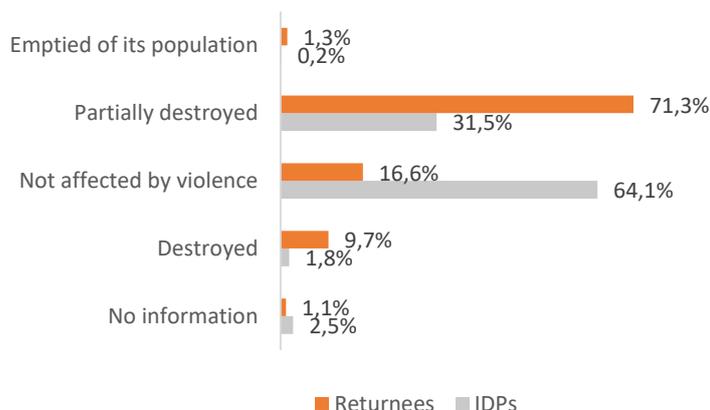
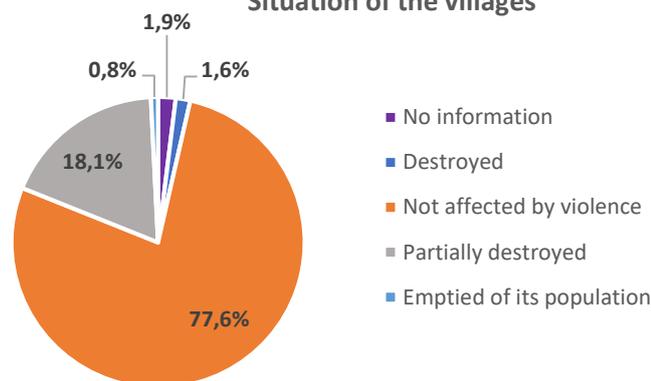
The situation of the villages regarding access to health care, education and security, is worrying. The weak density of these areas is very much linked to the lack of operational infrastructures. Indeed, out of the villages assessed, only in 32,3 %, the local population has access to an operational health center. In Kamiji and Kanda Kanda, this rate reaches 80 % and 88,6 % respectively. Furthermore, only 46,2 % of the villages evaluated can count on an operational school and 85,9 % of the villages lack of an operational police antenna. Beyond these figures, field enumerators also reported severe protection incidents in Malenga and Kele health areas (Kamiji health zone) and in Wikong and Luputa health zones*. More generally, field reports indicate that the level of humanitarian assistance in the province remains very low.



In 34 % of the villages, access to drinking water has been raised as a priority need. In Luilu territory in particular, access to drinking water is a priority for 25 % of the villages on average. More generally, in the most affected territories by internal displacement (Makota, Mwene-Ditu and Kalenda), access to food followed by drinking water and education have been raised by the key informants as the main needs in the villages.

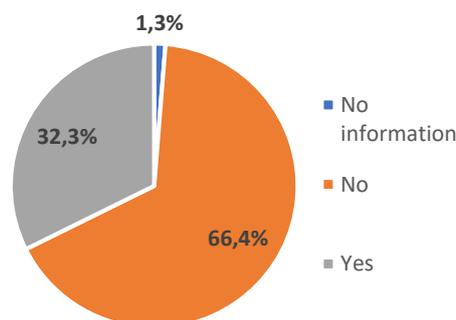
Internally displaced persons and returnees have been seeking relatively safer places after having fled – this situation is reflected in the data collected that shows that 77,6 % of all the villages that have been evaluated have not been affected by violence. However, 18 % of the villages have been partially destroyed. Most of those villages are located in Kalenda and Kamiji.

Situation of the villages



More precisely, respectively 71,3 % of the returnees and 31,5 % of the IDPs now live in partially destroyed villages whereas 16,6 % of the returnees and 64 % of the IDPs live in village that have not been affected by violence.

The majority of the villages, which corresponds to 66,4 %, does not have access to an operational health structure, either health post, health center or general hospital. These rates are particularly high in the most affected zones of the province (Kalenda, Mwene-Ditu, Kanda Kanda).

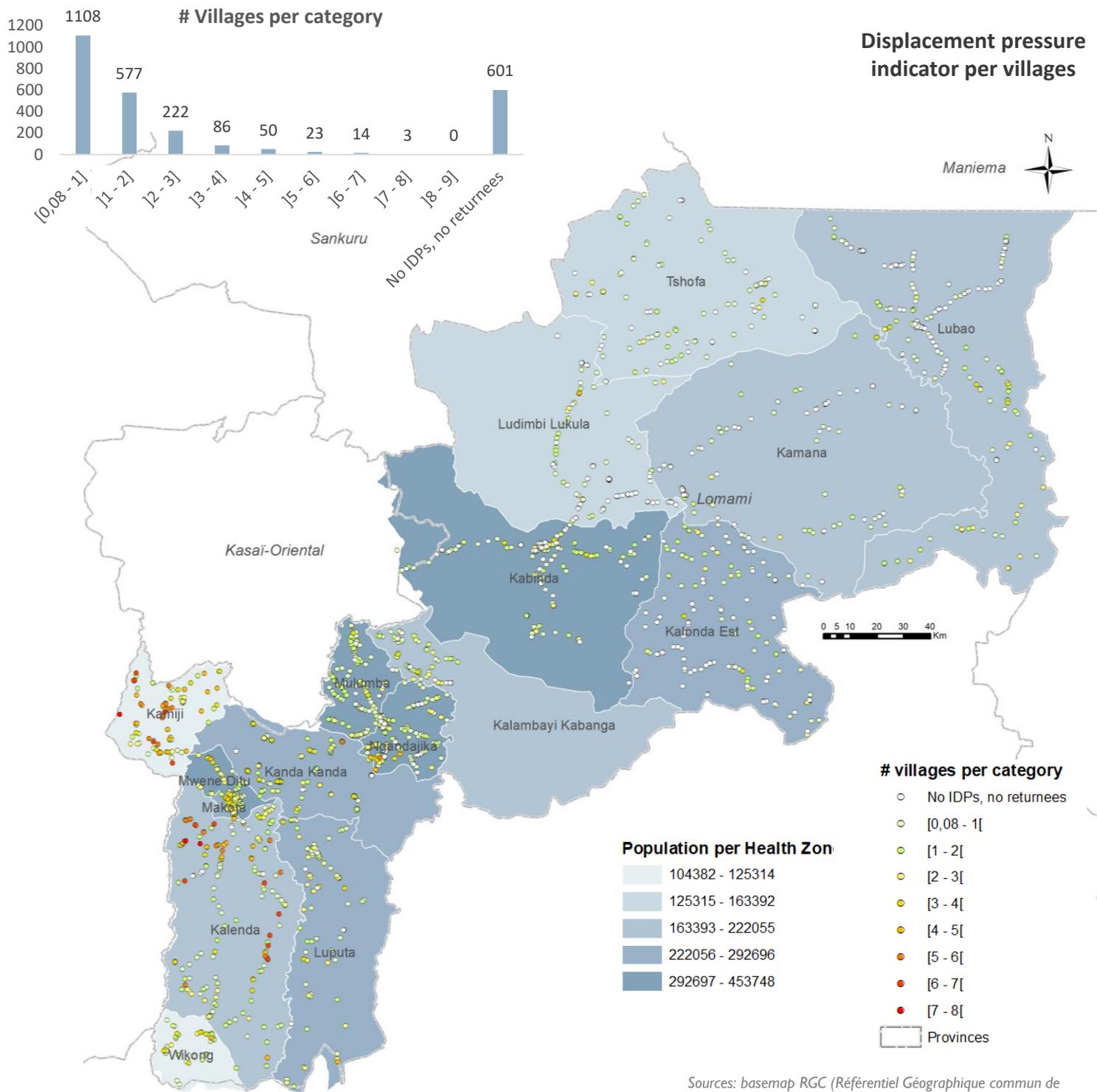


* For more information on protection incidents, please contact us directly.

Displacement pressure

The graph below shows the distribution of the villages according to a specific displacement pressure indicator. This indicator rates the villages from 1 to 10, 1 being the villages in the less critical situation, 10 the villages in the most critical one. This specific methodology combines, on one hand, demographic data (rate of IDP and returnee population per village, corresponding health zone population density, presence of both IDPs and returnees in the same village) and on the other hand, the data related to access to health infrastructures, level of destruction of the village, and priority needs (water, food and health)*.

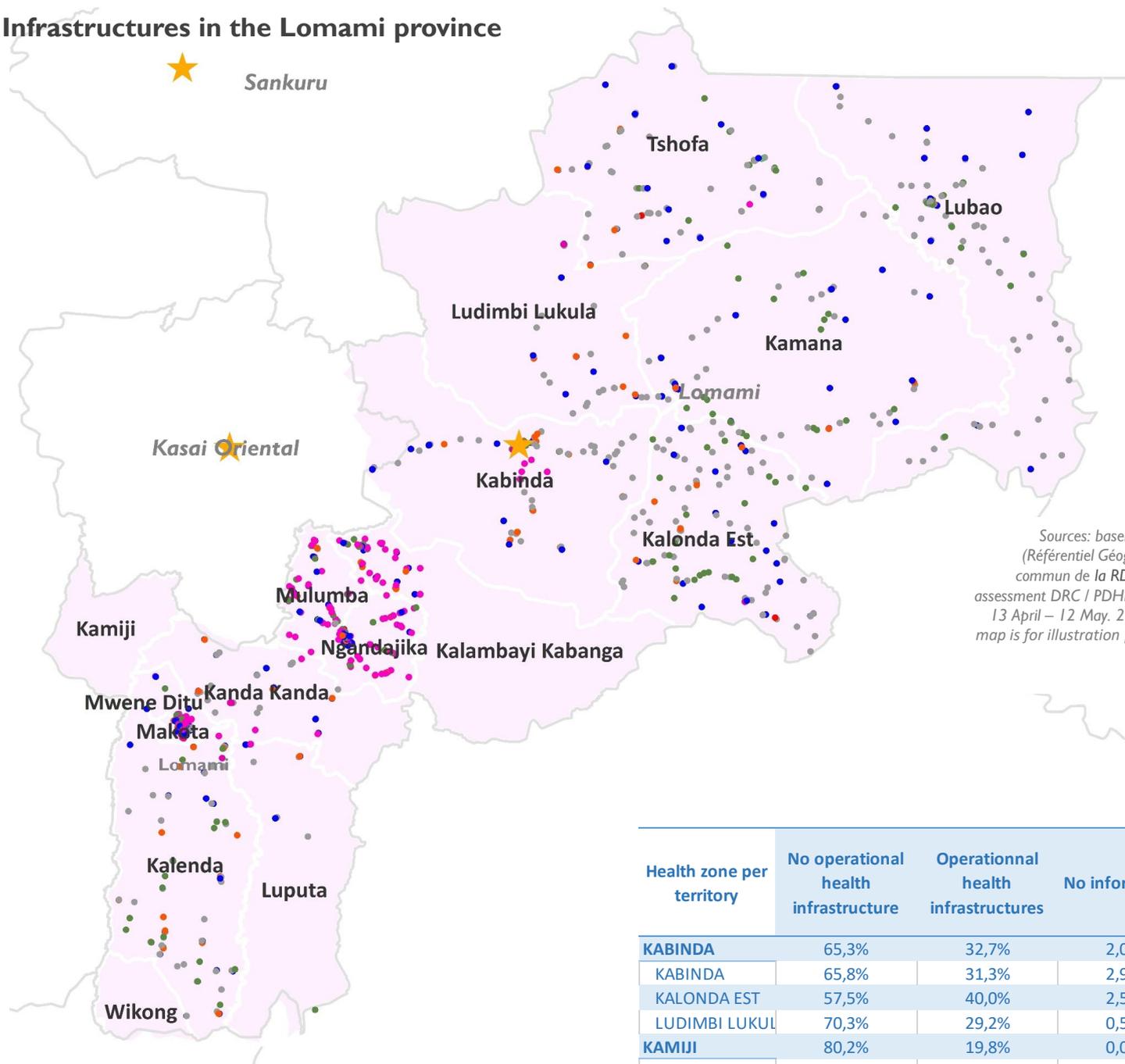
According to this distribution, there are 176 villages with a rate higher than 3 and for which the situation remains highly critical: 47 of these villages are located in **Kalenda** health zone, 56 in **Kamiji**, 20 in **Kanda Kanda**.



Sources: basemap RGC (Référentiel Géographique commun de la RDC). DTM assessment DRC / PDHPES, DPS population estimates 2018, 13 April – 12 May, 2018. This map is for illustration purposes only.

* Details on the calculation methodology are available upon request

Infrastructures in the Lomami province



Sources: basemap RGC (Référentiel Géographique commun de la RDC), DTM assessment DRC / PDHPES, DPS, 13 April – 12 May, 2018. This map is for illustration purposes only.

Legend

- ★ Chief Town
- Hospital
- Health Center
- Registered Health Center
- Church
- School
- General Hospital
- General Ref Hospital
- Market Place
- Health Post
- Health Zone
- Province

Access to operational health infrastructures in villages

Health zone per territory	No operational health infrastructure	Operational health infrastructures	No information
KABINDA	65,3%	32,7%	2,0%
KABINDA	65,8%	31,3%	2,9%
KALONDA EST	57,5%	40,0%	2,5%
LUDIMBI LUKULA	70,3%	29,2%	0,5%
KAMIJI	80,2%	19,8%	0,0%
KAMIJI	80,2%	19,8%	0,0%
LUBAO	69,7%	29,8%	0,5%
KAMANA	56,7%	42,8%	0,6%
LUBAO	81,2%	18,4%	0,4%
TSHOFA	64,6%	34,6%	0,8%
LUILU	62,9%	34,6%	2,5%
KALENDA	52,0%	42,9%	5,1%
KANDA KANDA	88,6%	10,2%	1,1%
LUPUTA	53,2%	45,3%	1,4%
WIKONG	45,1%	53,5%	1,4%
MWENE-DITU	51,7%	47,3%	1,0%
MAKOTA	69,1%	29,8%	1,1%
MWENE-DITU	43,6%	55,4%	1,0%
NGANDAJIKA	74,1%	25,7%	0,2%
KALAMBAYI KAB	70,3%	29,1%	0,7%
MULUMBA	76,5%	23,5%	0,0%
NGANDAJIKA	74,7%	25,3%	0,0%
Total	66,4%	32,3%	1,3%