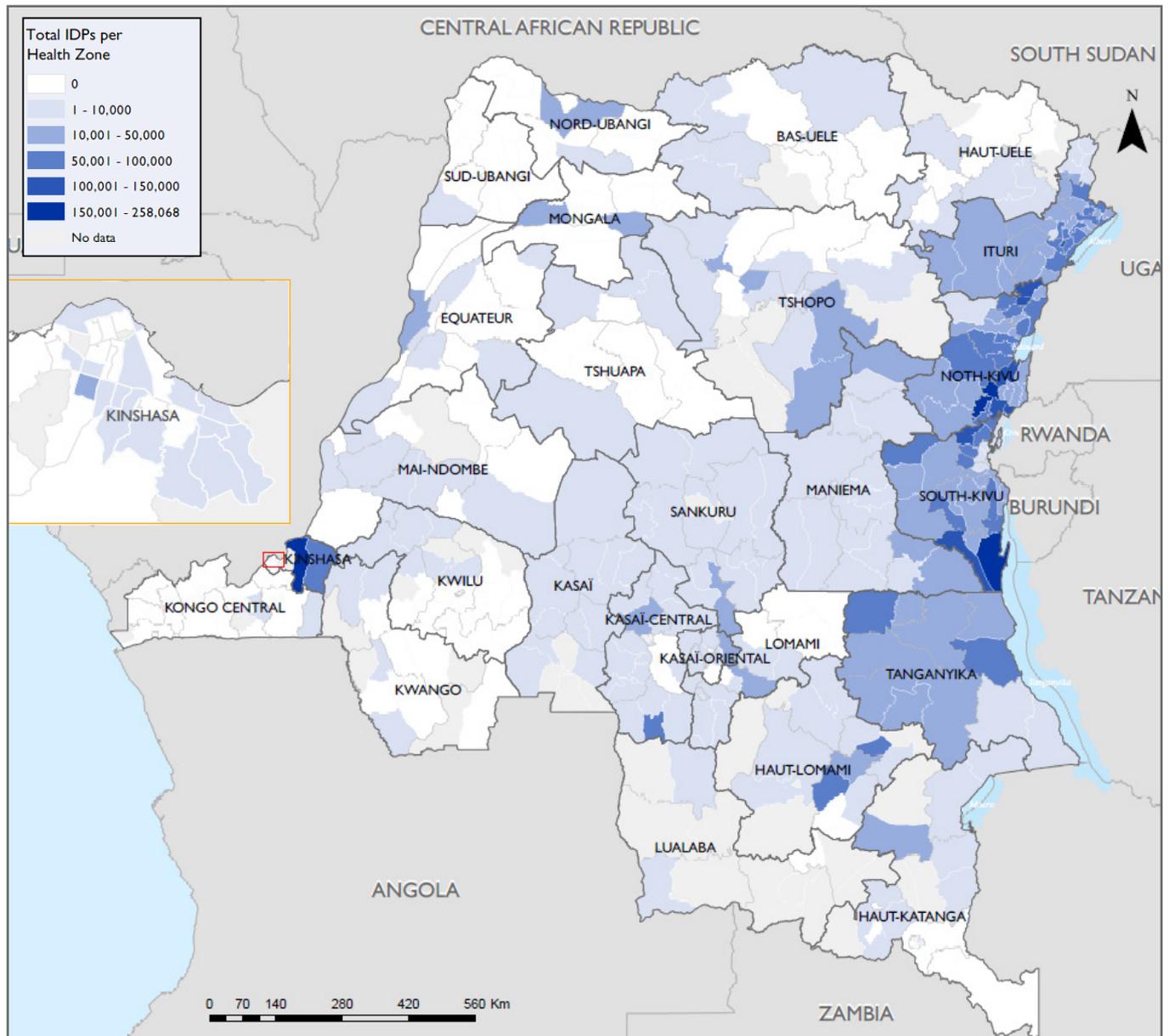




## INTRODUCTION

The Democratic Republic of the Congo (DRC) has a complex internal displacement situation with a diverse set of drivers and impacts. In the country's eastern provinces, armed conflict and insecurity have long been the primary drivers of the large-scale protracted displacement that the region experiences. This has been compounded, since mid-2022, by a resurgence in armed group activity in the provinces of North Kivu and Ituri leading to internal unrest, regional instability, and widespread acute displacement.

On top of the large-scale humanitarian crisis in the east of the country, other regions of the DRC have experienced conflict, insecurity, and disasters such as floods and landslides. A complete understanding of the displacement situation across the entire DRC is vital to inform both near-term humanitarian assistance, as well as engaging a wider array of stakeholders involved in long-term programming. The Displacement Tracking Matrix (DTM) is IOM's system for collecting and analysing primary data concerning population movement and has been deployed in over 90 humanitarian operations globally. DTM has conducted large-scale population mobility monitoring in the country's eastern part since 2018. This report presents the first country level displacement overview produced by DTM in the DRC and combines data from conventional Mobility Tracking (MT) in the country's four east provinces (conducted between August and September 2023) as well as from a new exercise launched, MT Light, covering the remaining 22 provinces for which data was collected in May and June 2023.



Map 1: Total number of IDPs, per health zone (arrived in the past 36 months).

\*The total IDP figure comprises of IDPs residing in host families, in sites under and not under CCCM mechanism, and IDPs identified through MT Light, without further specification of the shelter category. 1

# DISPLACEMENT OVERVIEW

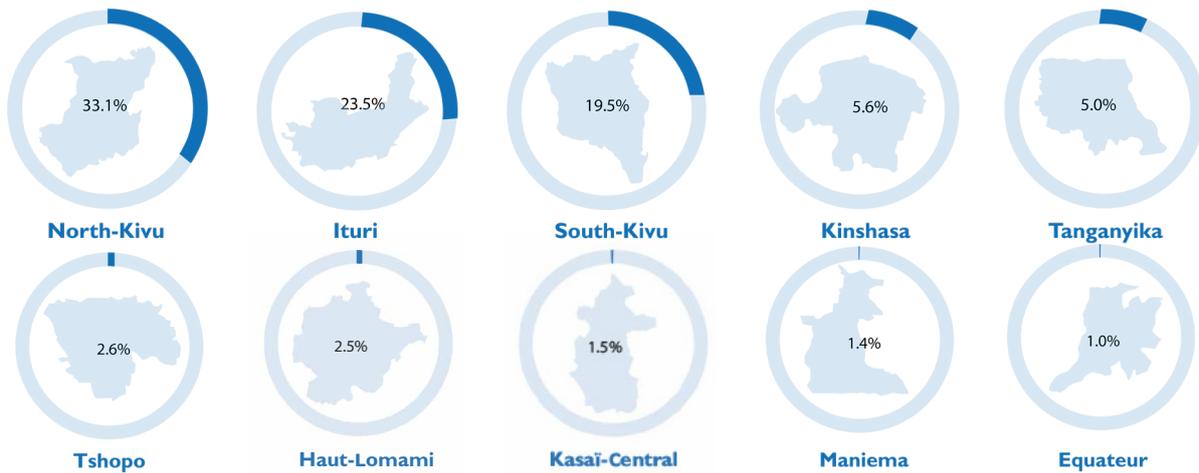
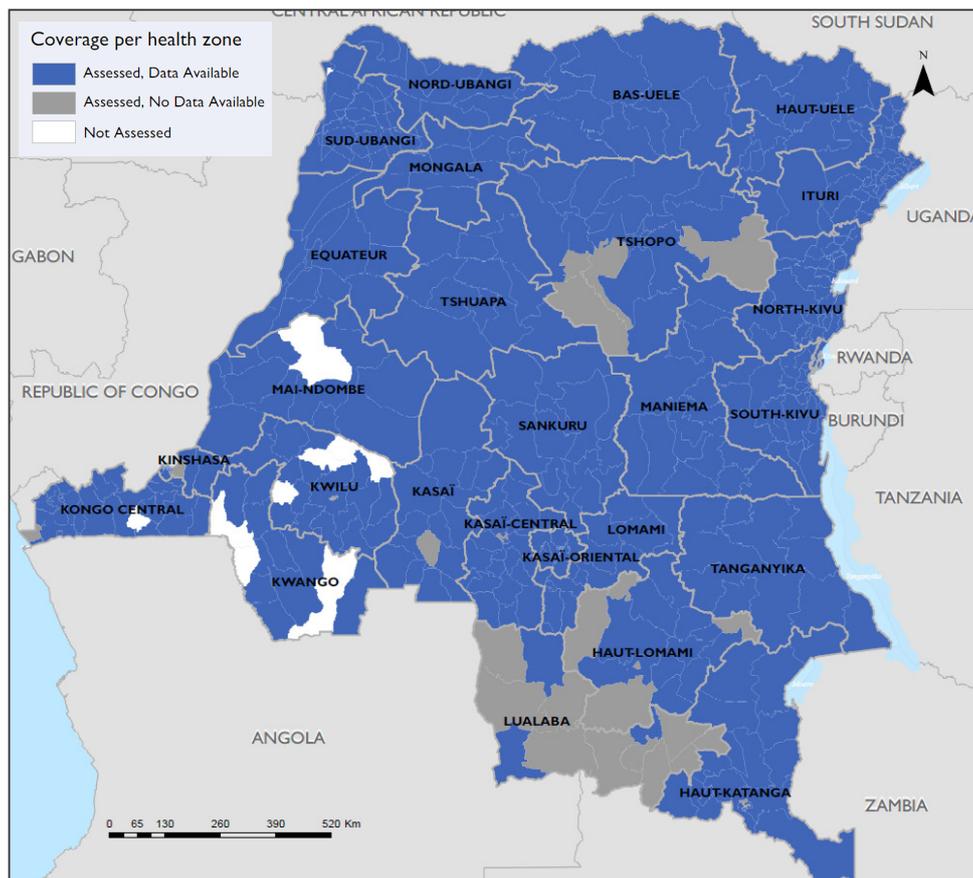


Diagram 1: Top ten provinces with highest presence of IDPs.

At a national level, DTM identified 6,947,295 individual internally displaced persons (IDPs), primarily concentrated in the four eastern provinces of North Kivu (2,300,163 individuals), Ituri (1,630,535), South Kivu (1,356,376), and Tanganyika (350,462) as well as the province/city of Kinshasa in the west of the country (392,281). These five provinces alone account for the considerable majority (87%) of current displacement in the DRC. The remaining 21 provinces account for 13 per cent of the total number of IDPs in the country (917,478 individuals).

DTM identified sizeable, yet relatively smaller, numbers of IDPs in the province of Tshopo (178,308 individuals) as well as the southern provinces of Haut-Lomami (171,702) and Kasai-Central (103,585). Less than 100 thousand IDP individuals were identified in each of the remaining provinces, which collectively contained 7 per cent of the national total of IDPs. The provinces of Kongo-Central, Lualaba, and Mai-Ndombe were all found to contain fewer than one thousand IDPs each. However, the findings for Lualaba must be considered within the context of very low levels of coverage as data was available for only three of the province's 13 health zones\* (see Map 2). Data for all other provinces is available in the [published dataset](#).

Given the way in which data was collected, information on causes of displacement was not obtained in provinces covered by MT Light as it was in conventional MT, instead the data collection was implemented in an unstructured way by enumerators where available (for different methodologies used, please refer to the Methodology part on page 9). The conflict involving the rebel group "Mouvement du 23 Mars" (M23) in the province of North Kivu has been estimated to have displaced over a million people. Moreover, other sources of conflict were indicated as a key source of displacement among those in the eastern DRC as well as in the remaining 22 provinces.



Map 2: DTM Coverage per health zone.

\*Health zone refers to a third administrative level in the DRC's health-based geo-administrative system (for more information, please see the Methodology part on page 9).

# RETURNS OVERVIEW

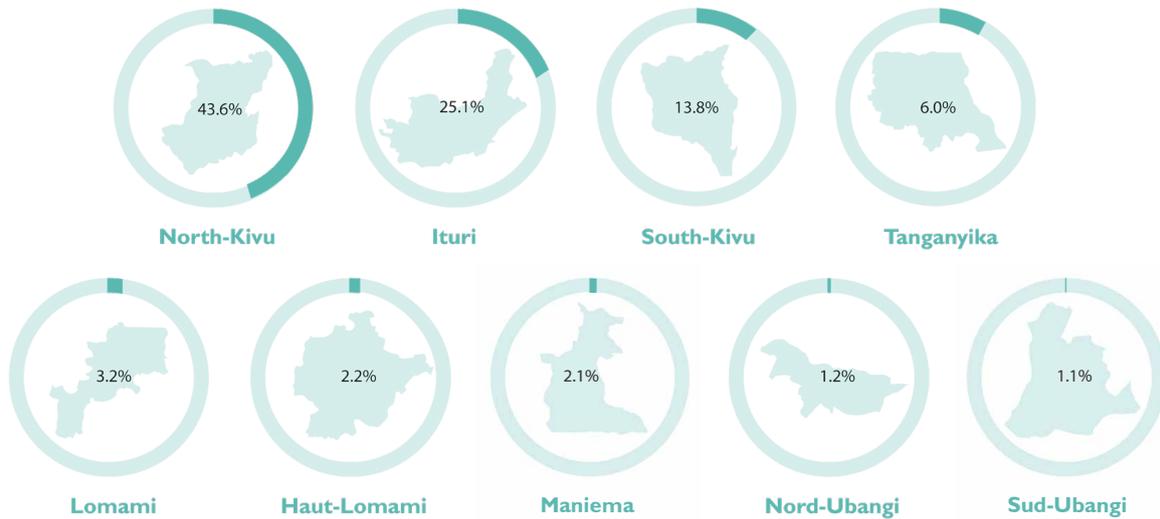
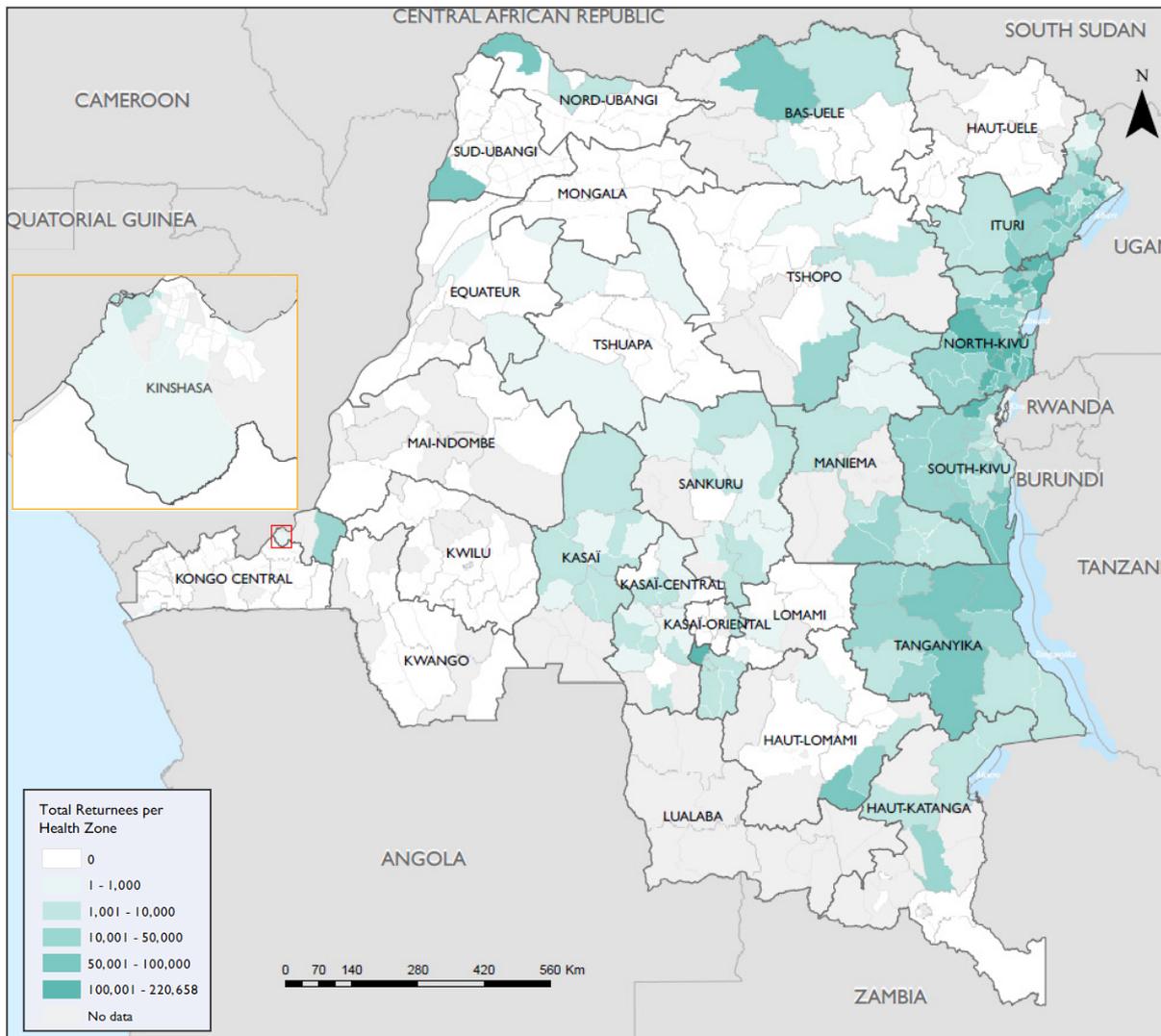


Diagram 2: Top nine provinces with highest presence of returnees.

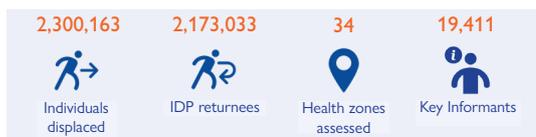
Of the 4,981,259 individual returnees identified across the DRC, the majority (87% or 4,324,182 individuals) were found in the country's four eastern provinces of North Kivu (2,173,033 individuals), Ituri (1,116,597), South Kivu (687,674) and Tanganyika (297,219). The central/eastern provinces of Lomami and Haut-Lomami were each found to contain between one hundred and two hundred thousand returnees. The remaining provinces were all estimated to host less than two per cent of returnees (see Map 3). DTM did not identify any returnees in the provinces of Mongala, Lualaba, Haut-Uele, Mai-Ndombe, Kongo-Central, Kwango, and Kwilu. These figures should be interpreted within the context of limited coverage in some provinces, notably Lualaba (see Map 2).



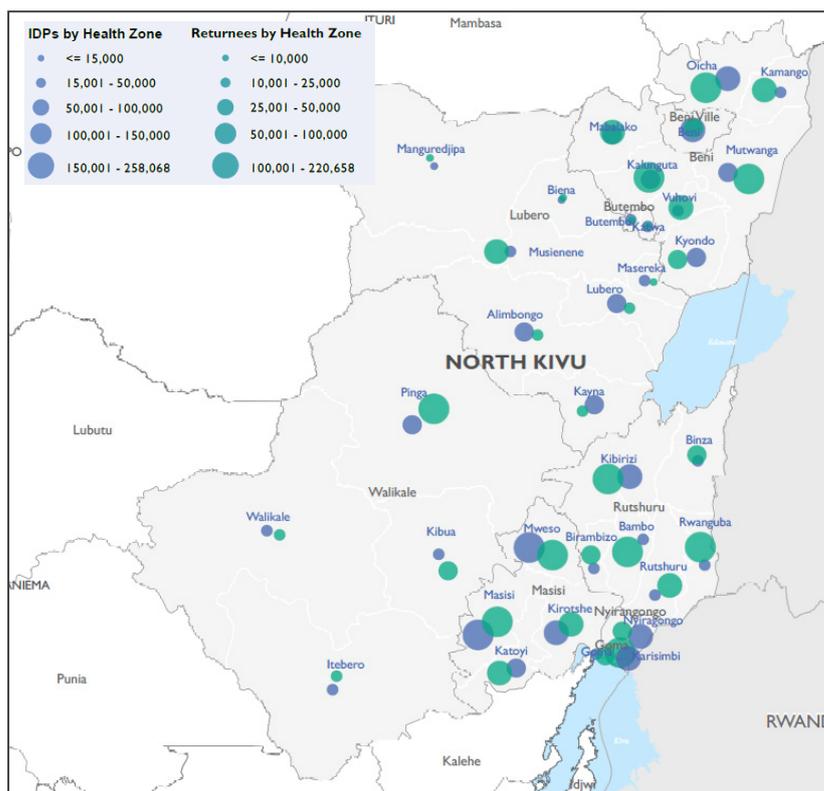
Map 3: Total number of returnees, per health zone (returned in the past 36 months).

# PROVINCIAL PROFILE

## NORTH KIVU

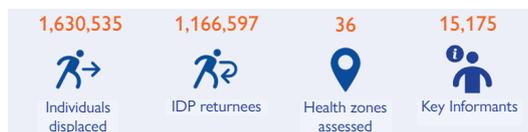
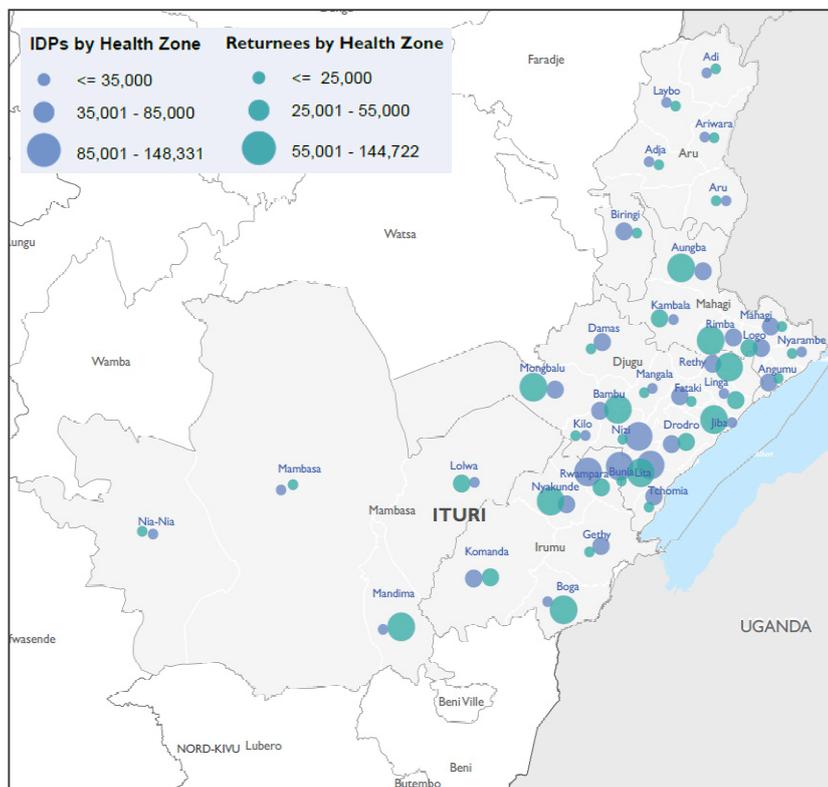


North Kivu was estimated to comprise the largest number of IDPs (2,300,163 individuals) accounting for 33 per cent of all IDPs in the country. Displaced households were identified in all 34 of the province's health zones and the largest populations in Masisi (258,068), Mweso (183,009), and Beni (140,034) health zones. Thirty-three per cent of all IDPs were estimated to have been displaced by the ongoing M23 crisis. 425,229 IDPs were identified in sites covered by the CCCM mechanism and 48,015 in sites not currently covered by CCCM. 2,173,033 returnees were identified in the province, accounting for 44 per cent of all returnees in the country. The highest number of returnees were identified in the health zones of Masisi (220,658 individuals), Karibizi (149,598) and Mweso (134,952).



Map 4: IDPs and returnees per health zone in the province of North Kivu.

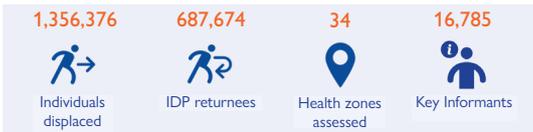
## ITURI



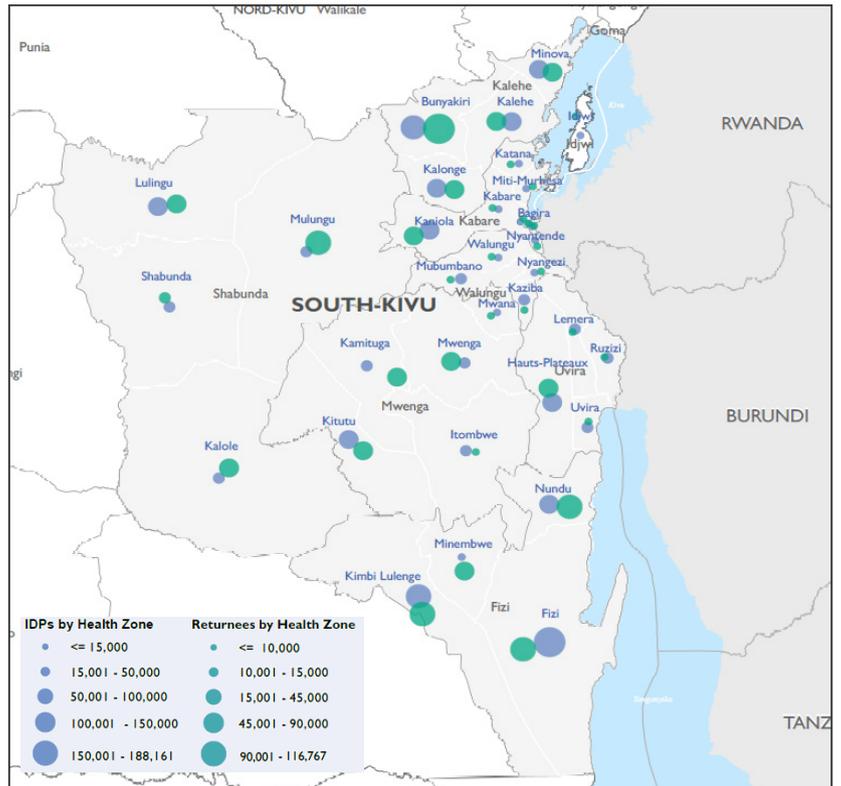
In August/September 2023, DTM field teams identified 1,738,782 IDP individuals in the province of Ituri, in all of the province's 36 health zones, estimated to account for 24 per cent of its population. This represented a decrease of six per cent compared to the 1,738,782 individuals identified in the previous round of MT in March 2023. 248,149 IDPs were identified in the 67 sites covered by the CCCM mechanism, while 50,887 lived in spontaneous sites and collective centres. The health zones hosting the largest number of IDPs were Bunia (148,331 individuals), Rwampara (96,366) and Nizi (87,094). The province hosts a considerable number of returnees (1,161,450), principally in the territories of Djugu, Irumu and Mahagi (counting for 89% of all returned individuals in the province).

Map 5: IDPs and returnees per health zone in the province of Ituri.

## SOUTH KIVU

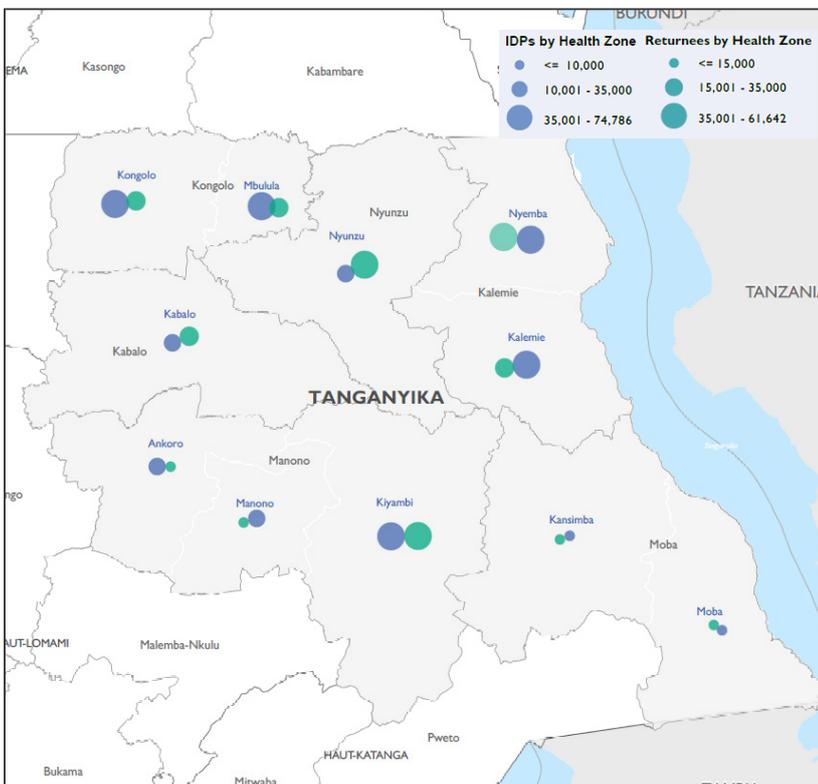


DTM's teams identified 1,356,376 IDPs in the province of South Kivu, 14 per cent of the national total. 43,750 of these IDPs were estimated to have been displaced by the ongoing M23 crisis in the province of North Kivu (principally to the territory of Kalehe). 56,835 IDPs were identified to be living in 29 spontaneous sites in the province. The largest populations of IDPs were found in the health zones of Fizi (188,161 individuals), Bunyakiri (103,362), and Kimbi Lulenge (102,579). It was estimated that the province accounted for 14 per cent of the national total of returnees, comprising 687,674 individuals. The territories of Fizi and Kalehe hosting the largest numbers of returnees, the majority of whom were identified in the health zones of Bunyakiri (58,513), followed by Hauts-Plateaux (35,476), and Fizi (30,820).



Map 6: IDPs and returnees per health zone in the province of South Kivu.

## TANGANYIKA



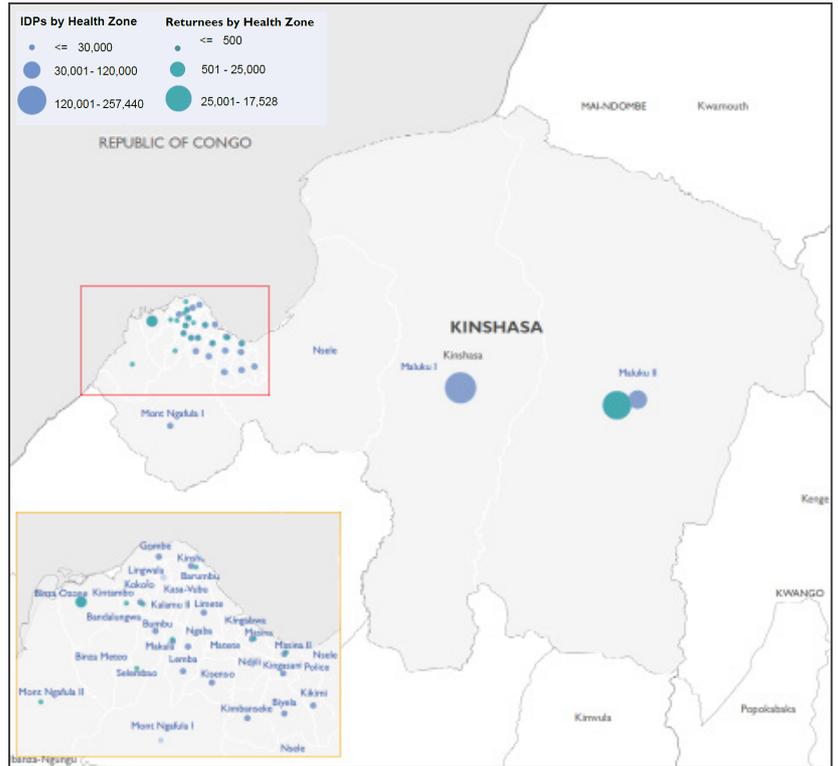
Tanganyika province was estimated to have the lowest population of IDPs and returnees of all the four provinces in the east of the DRC. DTM identified a total number of 350,462 IDPs in the province, 89 per cent (308,092) of whom live in host community and 11 per cent (42,370) in CCCM and spontaneous sites. The health zones hosting the most IDPs were Kongolo (74,786 individuals), Kalemie (52,718), and Nyemba (47,724). The two most common causes for displacement were intercommunal conflict (48% of IDPs) and attacks by armed groups (39%). Of the 297,219 individual returnees in Tanganyika province, the largest populations were found in the health zones of Kiyambi (47,058 individuals), Nyunzu (27,212), and Nyemba (26,355). The most reported reason for returning to the province was the improved security situation (41%).

Map 7: IDPs and returnees per health zone in the province of Tanganyika.

## KINSHASA

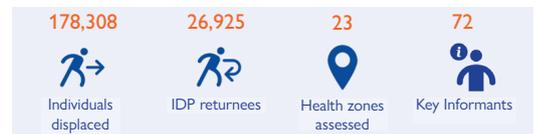
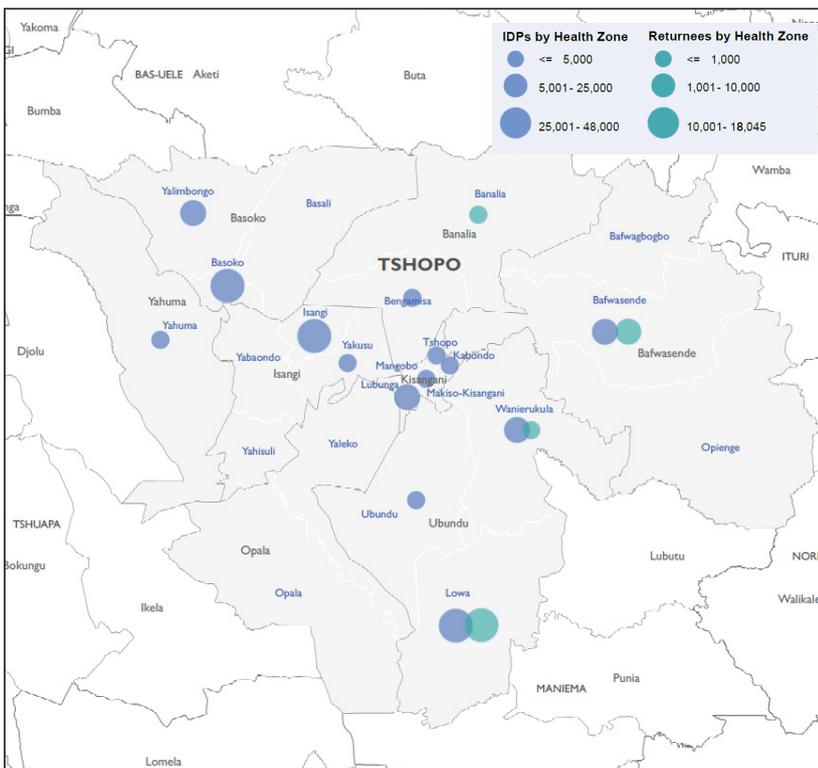


The province of Kinshasa, which includes the capital of the DRC, is hosting a total number of 392,281 IDPs (6% of the national total), the largest estimated IDP population of all provinces covered by MT Light. The vast majority of IDPs were identified in the Maluku I Health Zone (257,440 individuals; 65% of the province’s IDP population respectively) and Maluku II (87,638; or 22%). Contextual information from key informants indicated that IDPs were mainly fleeing the ongoing intercommunal conflict in neighbouring Mai-Ndombe province between members of the Teke and Yaka communities. Through MT Light, DTM teams also identified a total of 20,717 returnees in Kinshasa province, mainly in the Maluku II health zone (17,528).



Map 8: IDPs and returnees per health zone in the province

## TSHOPO



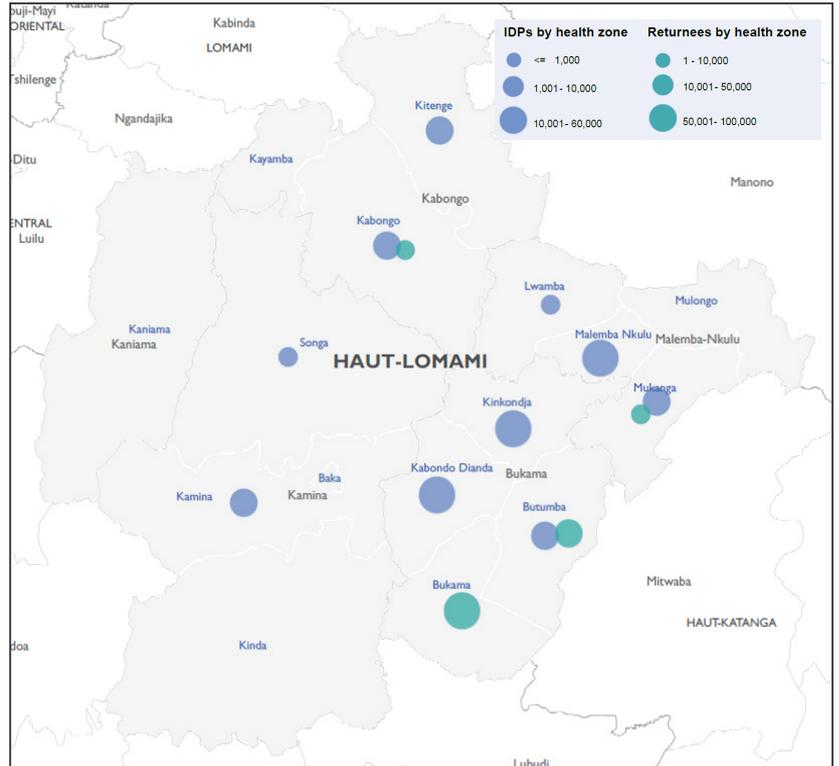
Tshopo province, in the central/north-eastern DRC, is hosting a total of 178,308 IDPs (3% of the national total). IDPs are primarily concentrated in the health zones of Isangi (48,000 individuals), Basoko (37,163), and Lowa (36,089). Information from the DTM field teams, offers insight into the province’s displacement context. IDPs in the province mainly reside in host communities with a small minority suggested to reside in collective centres. The reported causes of displacement in Tshopo were diverse, ranging from intercommunal conflict to flooding linked to the rising level of the Congo River. The province was estimated to host a total of 26,925 individual returnees. From the 19 health zones assessed, returnees were identified in four: Lowa (18,045), Bafwasende (7,840), Wanierukula (965) and Banalia (75).

Map 9: IDPs and returnees per health zone in the province of Tshopo.

## HAUT-LOMAMI



In Haut-Lomami, DTM identified a total of 171,102 individual IDPs, across 10 of the 11 health zones in the province for which data was available. IDPs were primarily concentrated in the health zones of Kabondo Dianda (58,125 individuals), Malemba Nkulu (54,711), and Kinkondja (46,312), with the remaining zones containing fewer than 4,000 IDPs each. The primary drivers of displacement in areas affected were reported to be flooding and, to a lesser extent, conflict. Four of the 10 assessed health zones were found to host a total of 110,536 returnees, the majority (88%) of whom were identified in the health zone of Bukama. Smaller numbers of returnees were found in the health zones of Butumba (10,605), Mukanga (3,167), and Kabongo (15).

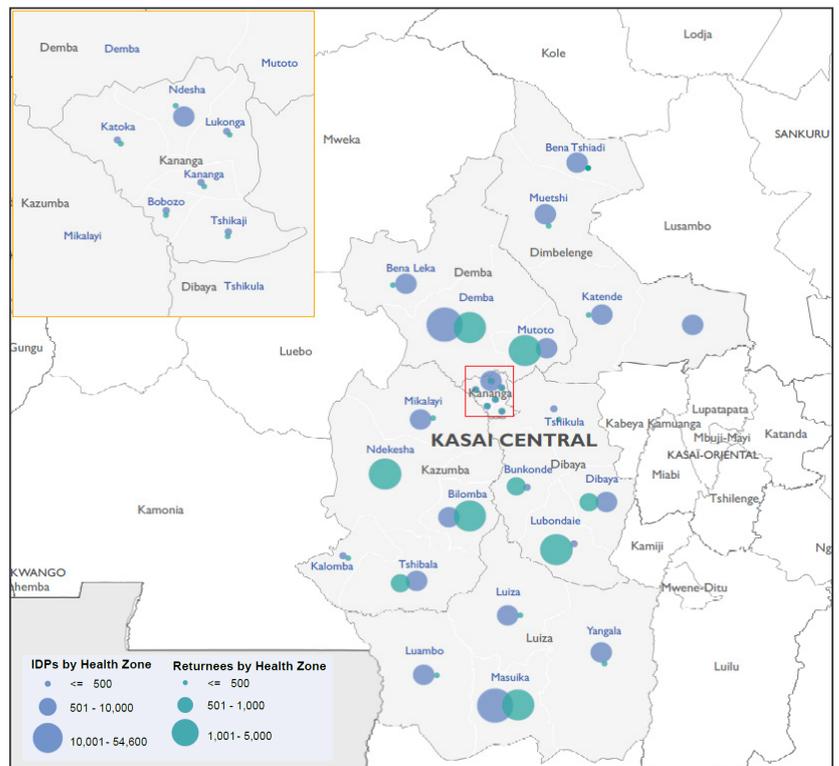


Map 10: IDPs and returnees per health zone in the province of Haut-Lomami.

## KASAI-CENTRAL

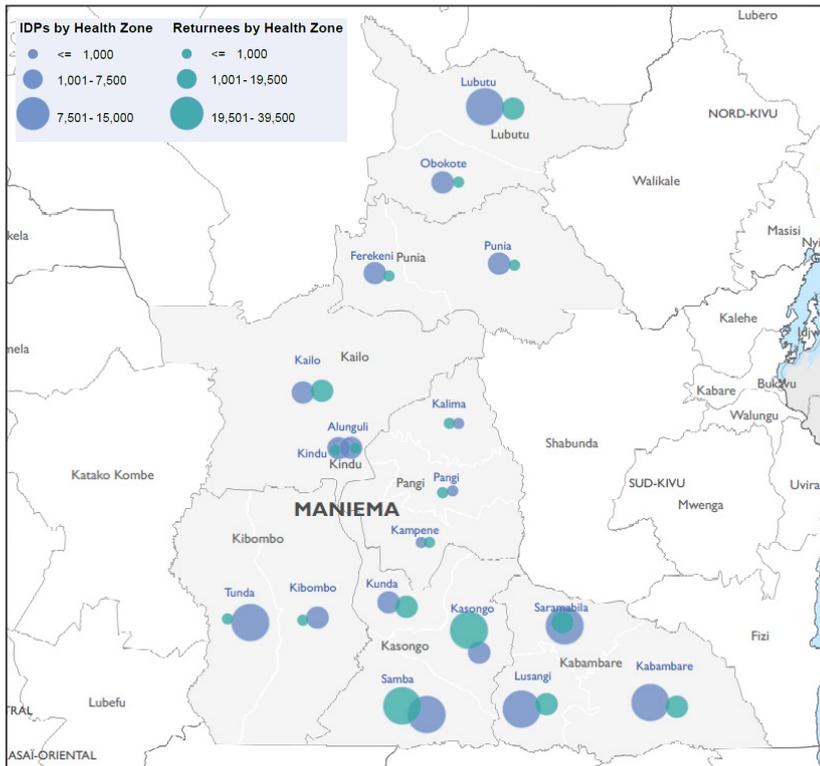


The province of Kasai-Central was found to host a total of 103,585 individual IDPs across 20 of the province's 23 health zones for which data was available. This accounts for 1 per cent of the national IDP total. Over half of all IDPs were identified in the health zone of Masuika (54,505), and Demba (10,672) with the remaining zones hosting fewer than 10,000 IDPs each. Intercommunal violence and conflict were reported as the primary drivers of displacement in the province. A relatively small number of returnees (22,119) were identified, principally in the health zones of Mutoto (4,768), Demba (4,503), and Masuika (3,948). The province accounted for less than 1 per cent of the estimated national returnee population.



Map 11: IDPs and returnees per health zone in the province of Kasai-Central.

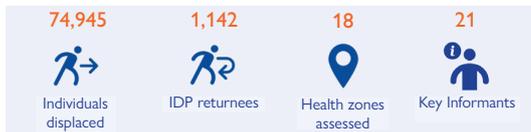
## MANIEMA



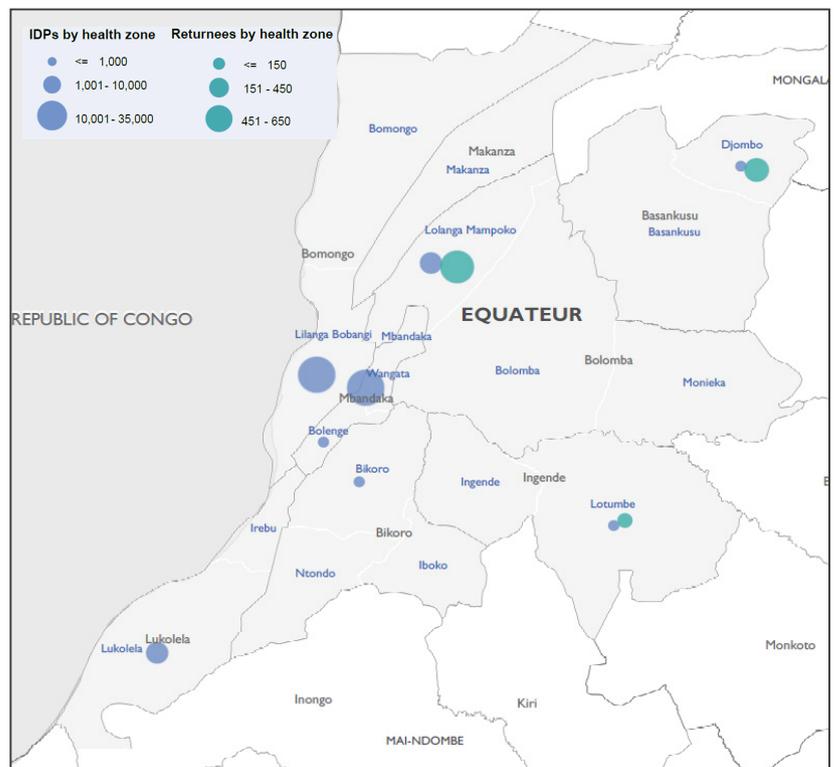
DTM identified a total of 94,283 internally displaced persons in the province of Maniema using its MT Light methodology. As in the neighbouring eastern provinces of the DRC, the most frequently reported driver of displacement in the province was found to be armed conflict. DTM field teams identified IDP presence in all 18 of the province's health zones. The largest IDP populations were found in the zones of Saramabila (15,000 individuals), Kabambare (13,000) and Lubutu (12,796). The province was also found to be home to 103,209 returnees, the majority of whom resided in the two health zones of Samba (39,477 individuals) and Kasongo (25,199). DTM was able to assess and obtain mobility data for all of Maniema's 18 health zones.

Map 12: IDPs and returnees per health zone in the province of Maniema.

## EQUATEUR



The province of Equateur, located in western DRC, was found to host 74,945 internally displaced persons. Field teams provided estimates on mobile populations which were available for all 18 of Equateur's health zones. Wangata and Lilanga Bobangi health zones were found to host the considerable majority (89%) of IDPs, 33,966 and 32,995 individuals respectively. In both health zones, recurrent flooding was reported as the main cause of displacement. This is notable due to the proximity of the province to the Congo River which experiences considerable seasonal variation in its level. The province hosted a small population of returnees (1,142 individuals), primarily residing in the health zones of Lolanga Mampoko (610), Djombo (402), and Lotumbe (130).



Map 13: IDPs and returnees per health zone in the province of Equateur.

# METHODOLOGY

A large amount of granular data on displacement and returns is available for the four eastern provinces of Ituri, North Kivu, South Kivu, and Tanganyika, principally from the DTM's own Mobility Tracking exercises, conducted bi-annually since 2018. However, systematically collected human mobility data for the remaining 22 of the DRC's provinces is sparse. To address this need, DTM launched a new type of assessment in April 2023 known as Mobility Tracking (MT) Light. This report combines data collected from both MT Light, the most recent conventional MT exercise, and up to date site-level displacement data allowing a comprehensive national-level overview of displacement in the DRC for the first time. For the purposes of both MT and MT Light, IDPs and returnees were counted if they had been displaced/returned at any point in the 36 months preceding the assessment.

MT makes use of a considerable key informant networks to systematically track mobility in locations of interest over consistent data collection rounds. Enumerators revisit each location and interview key informants to update locations and verify population presence on a bi-annual basis. This is complemented by MT Light, deployed for the first time in the DRC in 2023. Between June and September 2023, DTM teams covered 509 health zones using either MT or MT Light methodologies.

Data for conventional MT was collected through structured interviews with 3-5 key informants at a village level to triangulate mobility information for the village in question. The most recent full-scale MT was conducted in the four eastern provinces of Ituri, North Kivu, South Kivu, and Tanganyika between August and September 2023.

MT Light was first piloted in a portion of the Kasai provinces in 2022 before being deployed nationwide in early/mid 2023. Data is collected mainly at the level of a Health Zone instead of at a village level (as in normal cycles of MT), providing a less granular displacement picture but allowing large and cost-effective geographical coverage (all 22 provinces of the DRC not already covered by normal MT cycles). As in conventional MT, field teams collect information from between three and five key informants to triangulate information for the health zone concerned. Depending on the context, enumerators can collect from the "top down" (with a global figure for IDPs and/or returnees in the health zone if available) and/or "bottom up" (with specific figures for constituent health areas or even villages). Additionally, the tool and enumerator training are designed to incorporate significant uncertainty or a lack of available information as a datapoint in itself, and this is factored in to both the data validation process (for follow-up) and reporting on coverage, in order to reduce coverage gaps. Provincial estimates of IDP/Returnee populations must be considered within the context of the level of DTM coverage. Data availability varied considerably by province, and indeed within provinces, ranging from high level in Sankuru and Maniema, to considerably lower numbers of health zones with mobility data available in the provinces of Lualaba and Kwilu.

Registration data collected by DTM in July 2023 as well as data provided by the United Nations High Commissioner for Refugees (UNHCR) in the DRC was used for the most recent updates figures of IDPs in sites in the eastern four provinces of the DRC. DTM conducts registration exercises in displacement sites upon request from IOM DRC's Camp Coordination and Camp Management (CCCM) team. Registration activities help partners to create beneficiary lists for the purposes of effective resource allocation, vulnerability targeting, and aid delivery. DTM DRC has provided rapid emergency registrations since 2014, with the aim of meeting immediate information needs for guiding direct assistance to vulnerable people at a household level. Registration data is captured by DTM field teams through direct individual interviews in the target locations and is shared with partners by means of data sharing agreements.

Data in this report is representative at the Health Zone level (Zone de Santé – in French). The Health Zone is the third administrative level in the DRC's health-based geo-administrative system, used by DTM for the purposes of data aggregation due to its well-defined nature relative to other administrative subdivisions. Health Zones, in general, are divided on a basis of relatively similar population size. Their boundaries can therefore change over time alongside their populations.

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