Forced displacement and Return movements in Sankuru - Assessment Report

As a response to the humanitarian crisis that is currently affecting the **Democratic Republic of Congo**, the International Organization for Migration 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 **Sankuru** province from 11 April to 30 April 2018 within 132 health areas (aires de santé), covering eight health zones out of 16 in this province. The information provided in this report reflects population movements that occured 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 Sankuru province and collected data through key informants interviews.

 # IDPs per Health Zone
1 - 3180
3181 - 4136
4137 - 7014
7015 - 14068

 # Returnees per Health Zone
1 - 1043
1044 - 1881
1882 - 2532
2533 - 4416

DTM Assessment coverage per HZ
0%
0,1% - 90,3%
90,4% - 94,6%
94,7% - 100,8%
100,9% - 105,5%
Provinces

Sources: basemap RGC (Référentiel Géographique commun de la RDC), DTM assessment DRC / RDCCompétence, 11 April – 30 April. 2018. This map is for illustration purposes only. Some geographical limits do not coincide with the data collected in the field. GPS coordinates have not been verified in the field.

For these assessments, a total of 1,236 villages have been evaluated through 4,210 key informants' interviews by IOM's partner RDCCompétence, in collaboration with the DPS (Division Provinciale de la Santé). In general, most of the IDPs in the province have been identified in **Minga** and **Katako Kombe health zones** (25,5 % and 23,1 %, respectively). These two health zones also received the greatest number of returnees that have been reported through these assessments (4,416 and 4,108, respectively). Results show that intercommunal conflicts are the main reason for displacement either in 2016, 2017, or 2018 (62,8 % on average). Field observations highlighted that returnees and IDPs generally live in poor conditions.

1,236

Villages Assessed

4,210

Key informants

55,176

IDPs*

17,909

Returnees*

* *Estimations - The results presented in this report are based on estimations provided by key informants in each village.*

Methodology and geographic coverage

DTM assessment have been conducted in eight out of sixteen health zones. Within these zones, nearly all the villages reported by the health provincial division (DPS) have been evaluated (1,236). 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. While some villages did not exist on the original list provided by the DPS, a total of 46 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.*

Villages assessed

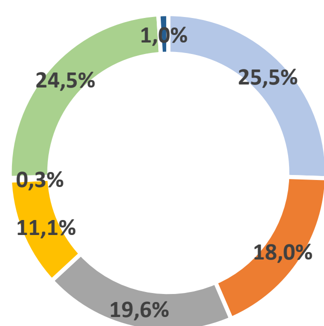
Health Zones	# Villages DPS	# Villages assessed	Coverage rate
LUSAMBO	157	*No assess.*	-
PANIA MUTOMBO	109	*No assess.*	-
LODJA	215	224	104,2%
OTOTO	142	*No assess.*	-
VANGAKETE	147	139	94,6%
OMENDJADI	240	*No assess.*	-
BENA DIBELE	188	*No assess.*	-
KOLE	204	*No assess.*	-
LOMELA	156	146	93,6%
TSHUDI LOTO	145	131	90,3%
DJALO DJEKA	118	119	100,8%
WEMBO NYAMA	93	*No assess.*	-
DIKUNGU	163	*No assess.*	-
KATAKO-KOMBE	234	215	91,9%
MINGA	164	173	105,5%
TSHUMBE	102	89	87,3%
Total	**2 577**	**1 236**	**48,0%**

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.

Assessment coverage rate
- 0% - No assessment
- 84,1% - 94,6%
- 94,7% - 100,8%
- 100,9% - 105,5%
- Villages assessed
- Provinces

Sources: basemap RGC (RGC, Referentiel Geographique commun de la RDC). DTM assessment DRC / RDCCompétence, 11 April – 30 April. 2018. This map is for illustration purposes only. Some geographical limits do not coincide with the data collected in the field. GPS coordinates have not been verified in the field.

Key informants



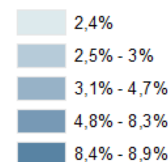
What are Health zones and Health areas? *In DRC, the DTM teams are working in close collaboration with the Ministry of Health and its provicincial divisions - the DPS (Division Provinciale de la Santé). These provincial divisions work at three geographical levels of subdivisions: territories, health 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 accesssibility is available upon request. ** The GPS coordinates of some villages are not available*

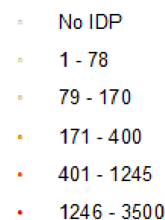
Displaced persons

Forced displacement and demography in Sankuru

% of IDP / total population in Health zone



 # IDP per village

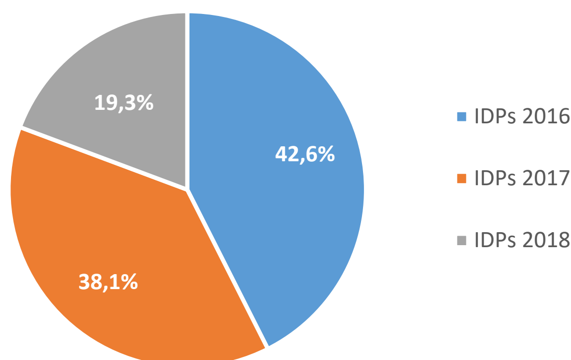


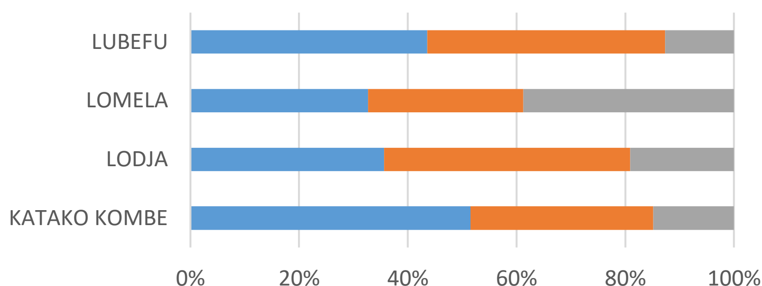
Sources: basemap RGC (Référentiel Géographique commun de la RDC). DTM assessment DRC / RDCCompétence, DPS population estimates 2017, 11 April – 30 April 2018. This map is for illustration purposes only. Some geographical limits do not coincide with the data collected in the field. GPS coordinates have not been verified in the field.

Territory	Health Zone	# IDPs	% IDPs /Total IDP population	% IDPs / HZ population
KATAKO KOMBE	KATAKO-KOMBE	12 724	23,1%	8,9%
	DJALO DJEKA	4 136	7,5%	4,7%
LODJA	LODJA	7 014	12,7%	2,4%
	VANGAKETE	3 180	5,8%	2,4%
LOMELA	LOMELA	3 914	7,1%	3,0%
	TSHUDI LOTO	6 194	11,2%	7,8%
LUBEFU	MINGA	14 068	25,5%	8,3%
	TSHUMBE	3 946	7,2%	4,2%
Total	**8 Health zones**	**55 176**	**100,0%**	**4,9%**

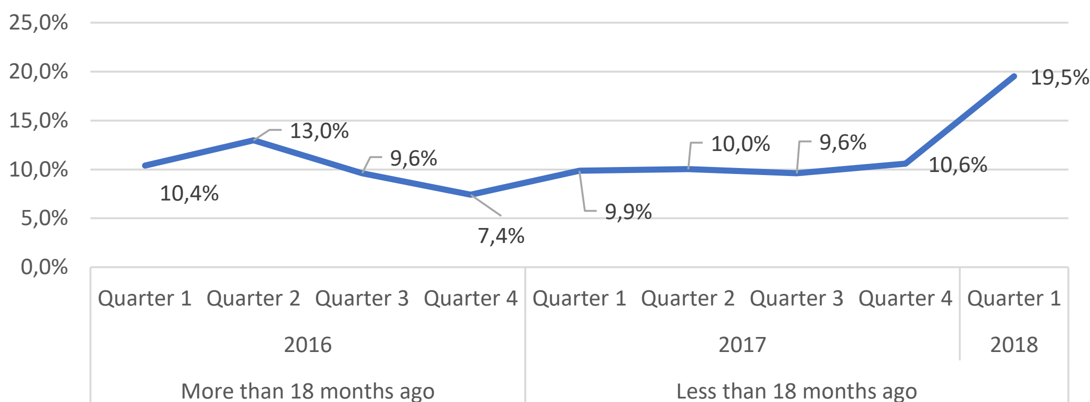
Minga and **Katako Kombe health zones** host most of the IDPs in the part of the province that has been assessed (25,5 % and 23,1 %, respectively). More over, Omeka, in Katako-Kombe, is the health area that has received the highest number of IDPs in the province (5,803), followed by Ohale (in Minga), and Tshudi Pilote (in Tshudi Loto) with 3,632 and 2,440 IDPs, respectively. In Omeka and Ohale, most of the IDPs arrived in 2016 and 2017 whereas in Tshidi Pilote, they were mainly reported in 2018. In one village located in Ohale health area in particular, 3 500 IDPs have been reported. More broadly, in these health zones, the displaced population represents around one third of the local population on average.

Displacement period





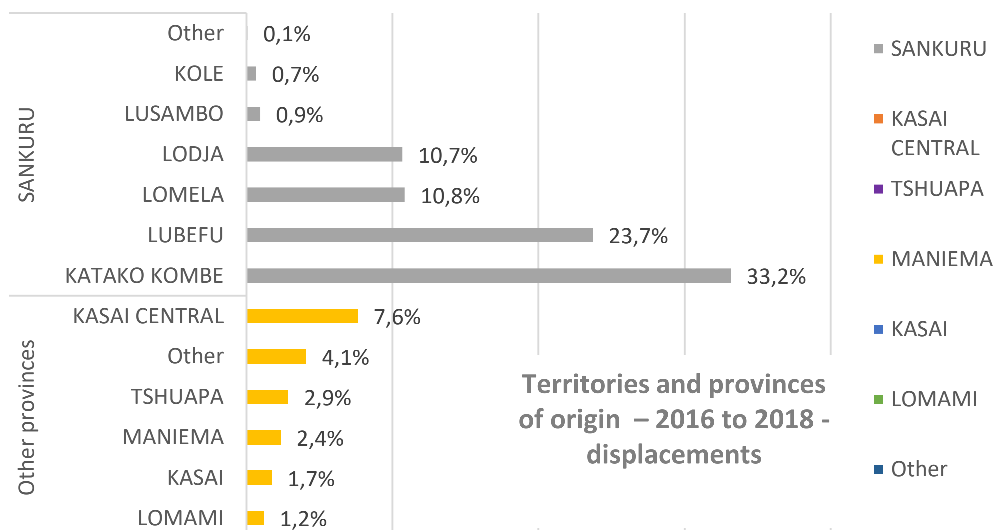
Thus far, in Sankuru, most of the households were displaced in 2016. Internal displacement movements during the first quarter of 2018, were mostly observed in Lomela (38,8 %) and Lodja (19,8 %) territories. In Katako Kombe, most of the IDPs have been displaced in 2016 (51,5 %).

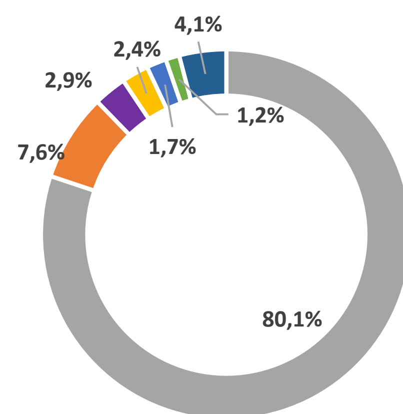


40,2 % of the housholds were displaced more than 18 months ago. Nearly 20 % of the households have been displaced during the first quarter of 2018.

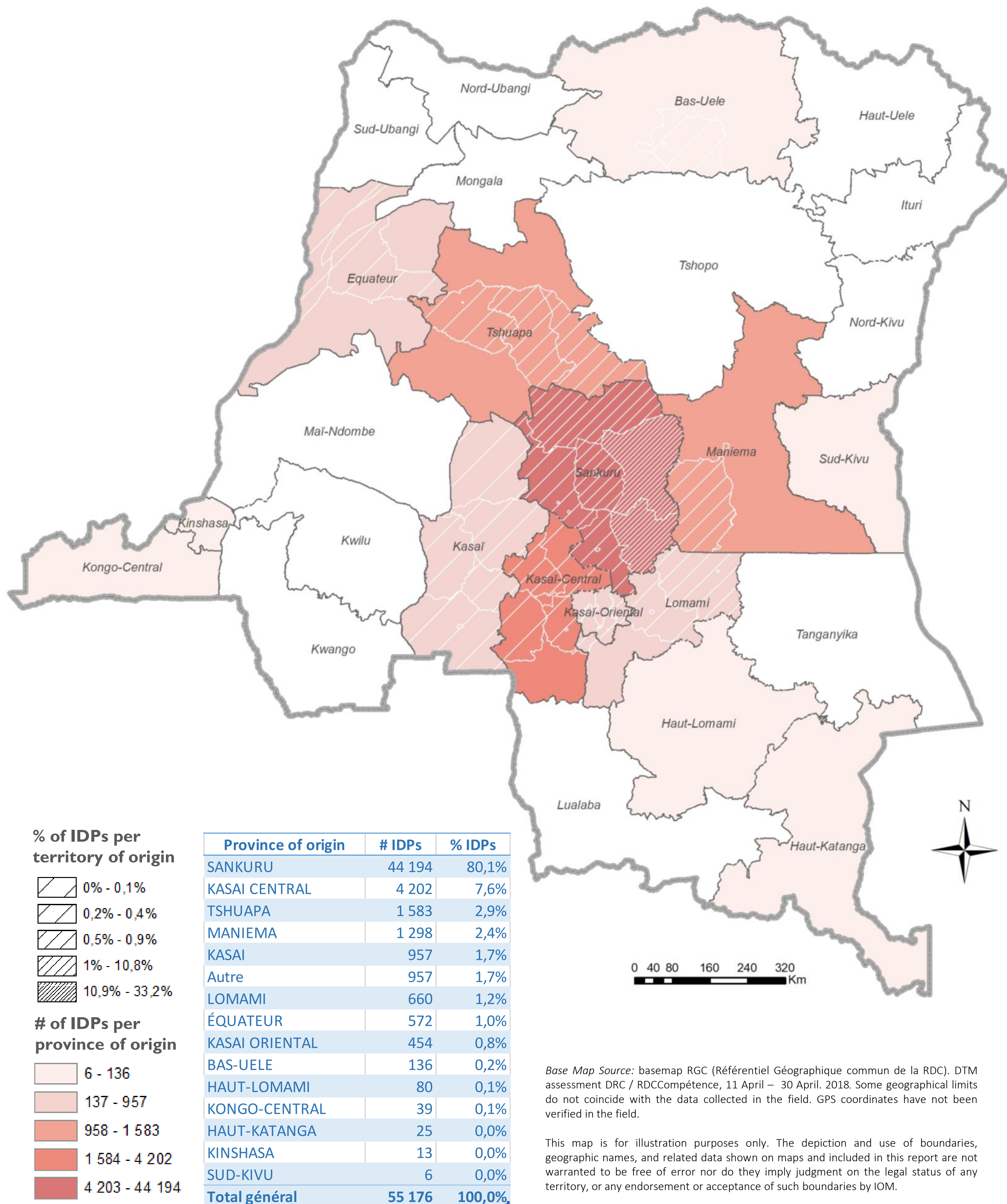
Origin of the IDPs

Most of the IDPS used to live in the Sankuru province before their displacement (80,1 %). They mainly come from the territories of Katako-Kombe and Lubefu (33,2 % and 23,7 %, respectively). The other provinces of origin are Kasai Central (7,6%), Tshuapa (2,9 %) and Maniema (2,4 %).





IDPs' origin in Sankuru

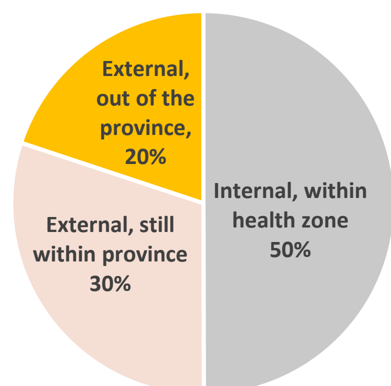


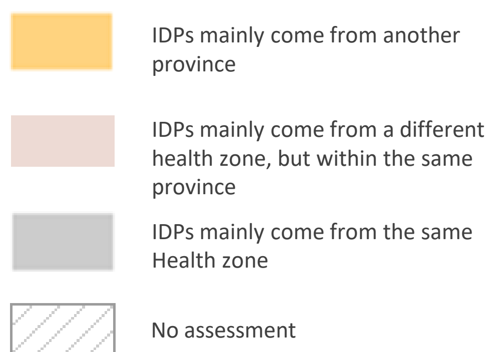
Province of origin	# IDPs	% IDPs
SANKURU	44 194	80,1%
KASAI CENTRAL	4 202	7,6%
TSHUAPA	1 583	2,9%
MANIEMA	1 298	2,4%
KASAI	957	1,7%
Autre	957	1,7%
LOMAMI	660	1,2%
ÉQUATEUR	572	1,0%
KASAI ORIENTAL	454	0,8%
BAS-UELE	136	0,2%
HAUT-LOMAMI	80	0,1%
KONGO-CENTRAL	39	0,1%
HAUT-KATANGA	25	0,0%
KINSHASA	13	0,0%
SUD-KIVU	6	0,0%
Total général	**55 176**	**100,0%**

Base Map Source: basemap RGC (Référentiel Géographique commun de la RDC). DTM assessment DRC / RDCCompétence, 11 April – 30 April. 2018. Some geographical limits do not coincide with the data collected in the field. GPS coordinates have not been verified in the field.

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





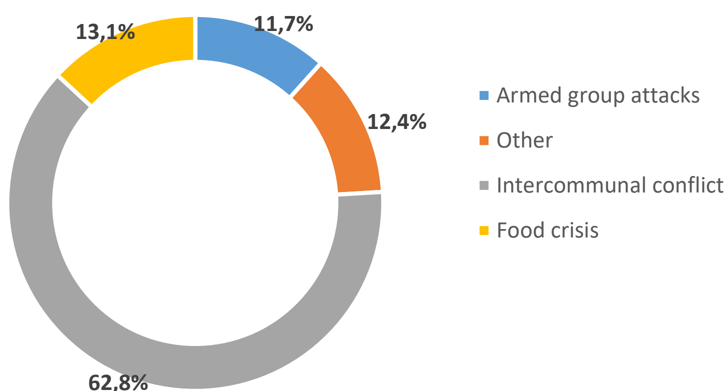
At the level of the health zones, data indicates that most of the displacements occured within the health zones of the province (50 %) – in other words, IDPs mostly remained within their health zone of origin when they were displaced.

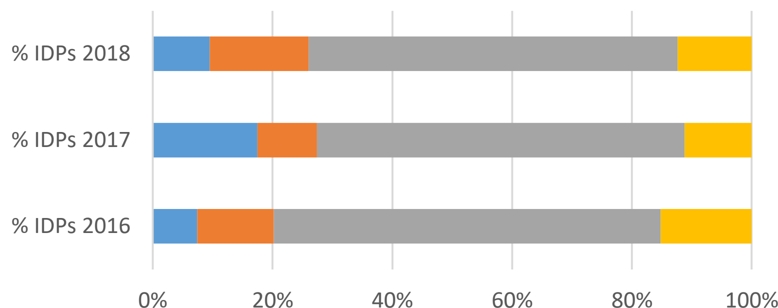
Lomele, which is a health zone located in the Northern part of the province, mainly received IDPs coming from another province: 7,1 % of the IDPs were identified in Lomela and most of them arrived from Tshuapa, Kasai Central and Maniema. In Lodja, 48 % out of 7,034 individuals have arrived since 2016, they mainly come from Kasai Central. IDPs who crossed health zone limits may have traveled long distance to reach their current displacement area. This distance may have an impact on future return movements.

Health zone	Internal, within health zone	External, still within province	External, out of the province
TSHUDI LOTO	65,9%	4,3%	29,9%
TSHUMBE	65,6%	18,9%	15,4%
KATAKO-KOMBE	43,3%	52,6%	4,0%
VANGAKETE	23,7%	40,5%	35,8%
DJALO DJEKA	60,3%	36,4%	3,3%
LODJA	24,0%	27,9%	48,1%
LOMELA	22,4%	11,4%	66,2%
MINGA	68,1%	26,5%	5,5%
Total	50,0%	30,1%	19,9%

Sources: basemap RGC (Référentiel Géographique commun de la RDC). DTM assessment DRC / RDCCompétence,, 11 April – 30 April. 2018. This map is for illustration purposes only. Some geographical limits do not coincide with the data collected in the field. GPS coordinates have not been verified in the field.

Reasons for displacement

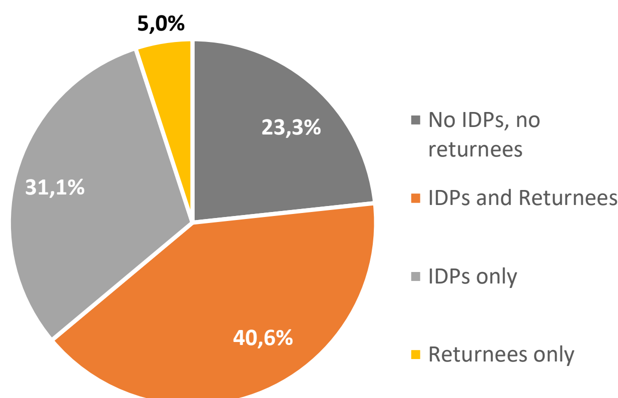


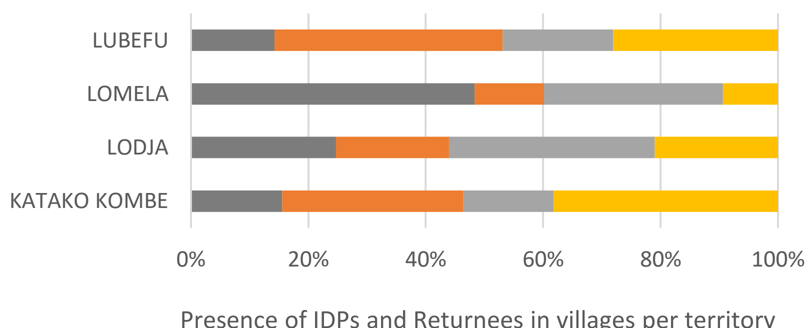


According to the data collected, most of the individuals were displaced in 2016, in 2017 and 2018 because of intercommunal conflicts (62,8 % on average). It is worth noting that, the number of individuals fleeing because of armed group attacks increased from 1,737 to 3,679 between 2016 and 2017, and since 2016, around 7,228 individuals have been forcibly displaced because of food crisis.

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	Total	% Total
Armed group attacks	1 737	7,4%	3 679	17,5%	1 015	9,5%	6 431	11,7%
Other	3 002	12,8%	2 089	9,9%	1 756	16,5%	6 847	12,4%
Intercommunal conflict	15 179	64,6%	12 928	61,4%	6 563	61,6%	34 670	62,8%
Food crisis	3 561	15,2%	2 352	11,2%	1 315	12,3%	7 228	13,1%
Total	**23 479**	**100,0%**	**21 048**	**100,0%**	**10 649**	**100,0%**	**55 176**	**100,0%**

Presence of IDPs and Returnees in the villages





Presence of IDPs and Returnees in villages per territory

Aproximately 23 % of the villages assessed in Sankuru have not been affected by internal displacement and do not host IDPs nor Returnees (288). Moreover, at the level of the province, there are both IDPs and Returnees in 40,6 % of the villages. The presence of returnees only has been reported in 45 % of the villages assessed in Katako-Kombe. In Lomela, nearly 42 % of the villages neither host IDPs or returnees.

Returnees

Return movements and demography

0 12,5 25 50 75 100 Km

Tshuapa
Tshopo
Lomela
Tshudi Loto
Omendjadi
Katako Kombe
Djalo Djeka
Lodja
Sankuru
Kole
Bena Dibele
Vanga Kete
Wembo Nyama
Ototo
Tshumbe
Minga
Lusambo
Pania Mutombo
Kasaï-Central
Lomami
N

% Returnees / Health Zone population

- 0,4% - 0,5%
- 0,6% - 1,9%
- 2%
- 2,1% - 2,2%
- 2,3% - 2,9%

 # Returnees per Village

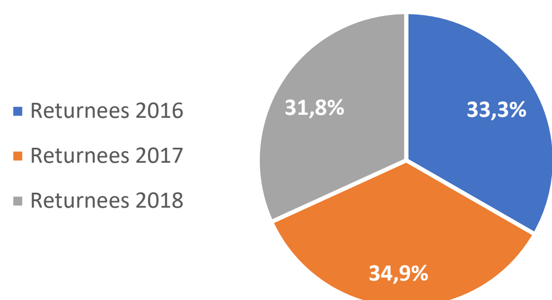
- No returnees
- 1 - 32
- 33 - 66
- 67 - 113
- 114 - 190
- 191 - 330

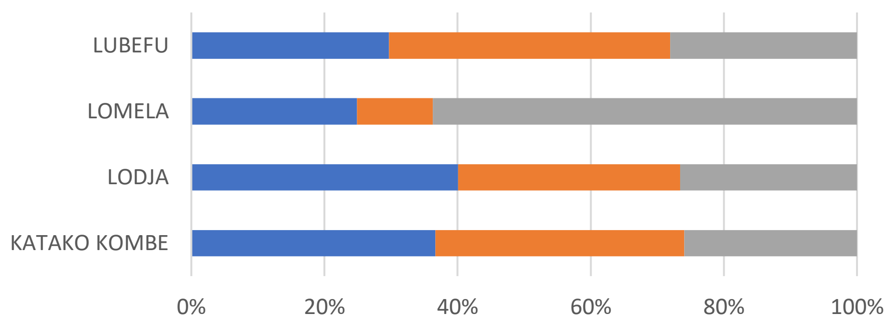
Sources: basemap RGC (Référentiel Géographique commun de la RDC). DTM assessment DRC / RDCCompétence, DPS population estimates 2018, 11 April – 30 April. 2018. This map is for illustration purposes only. Some geographical limits do not coincide with the data collected in the field. GPS coordinates have not been verified in the field

Territory	Health zone	# Returnees	% Returnees / Total returnees	% Returnees / HZ population
KATAKO-KOMBE	KATAKO-KOMBE	4 108	22,9%	2,9%
	DJALO DJEKA	1 549	8,6%	1,7%
LODJA	LODJA	1 043	5,8%	0,4%
	VANGAKETE	2 532	14,1%	1,9%
LOMELA	LOMELA	635	3,5%	0,5%
	TSHUDI LOTO	1 745	9,7%	2,2%
LUBEFU	MINGA	4 416	24,7%	2,6%
	TSHUMBE	1 881	10,5%	2,0%
Total	**8 health zones**	**17 909**	**100,0%**	**1,6%**

Katako-Kombe and **Minga**, which are the health zones mostly affected by internal displacement movements, are also the main returning areas where nearly 50 % of the return movements have occurred. In total, 17,909 indivuals have returned to their area of origin since 2016 and are no longer counted as IDPs.. These returnee population represents only 1,6 % of the total population in this area. In Lodja, this rate drops down to 0,4 %.

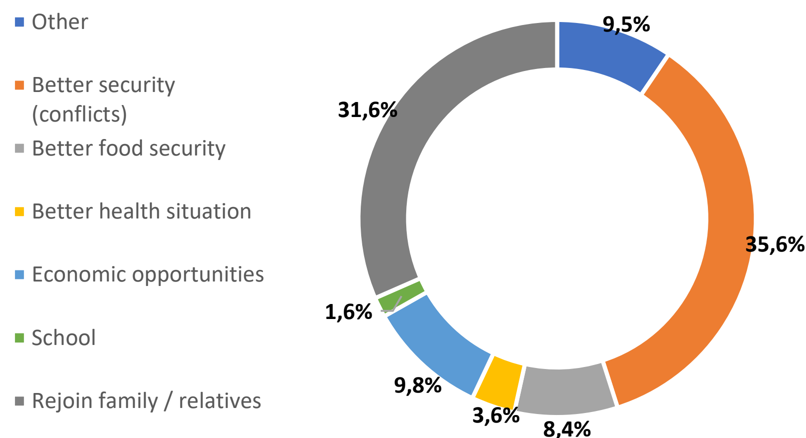
Return period





The data collected indicates that most of the return movements occured in 2017. Since the beginning of 2018, it is worth noting that all these territories have already received returnees especially in Lomela – where nearly 64 % of the return movements have occured in 2018.

Reasons for Return movements



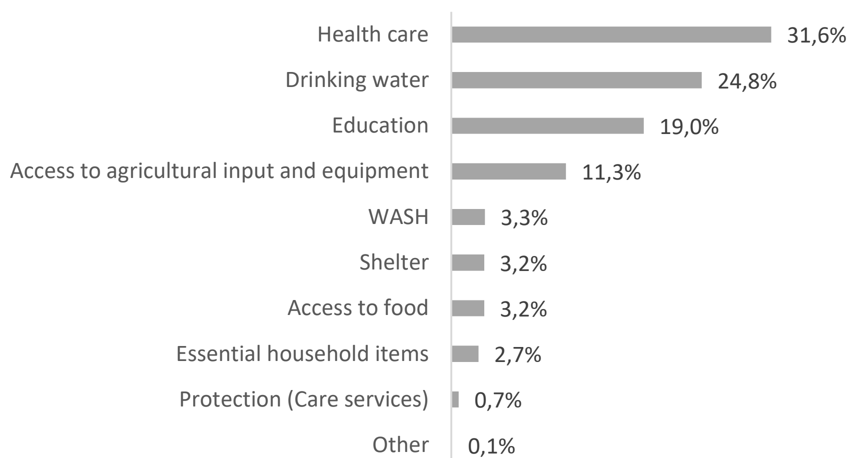
The data collected indicates that 35,6 % of the returnees went back to their area of origin because the security situation had improved. Nearly 32 % of the returnees declared that they were willing to return home because food security had improved in their area of origin. These return drivers have been stagnating since 2016.

Field reports indicate that in general, lack of shelters in the villages of origin (houses destroyed), psychosocial trauma and food crisis are the main obstacles preventing IDPs to return to their places of origin.

Reasons for Return Movements	# Returnees 2016	% Returnees 2016	# Returnees 2017	% Returnees 2017	# Returnees 2018	% Returnees 2018	# Total	% Total
Other	500	8,4%	488	7,8%	712	12,5%	1 700	9,5%
Improvement in the security situation	1 947	32,6%	2 310	37,0%	2 116	37,1%	6 373	35,6%
Better food security	555	9,3%	489	7,8%	459	8,1%	1 503	8,4%
Better health situation	153	2,6%	235	3,8%	248	4,4%	636	3,6%
Economic opportunities	826	13,8%	528	8,5%	398	7,0%	1 752	9,8%
School	61	1,0%	151	2,4%	80	1,4%	292	1,6%
Rejoin family / relatives	1 925	32,3%	2 041	32,7%	1 687	29,6%	5 653	31,6%
Total	**5 967**	**100,0%**	**6 242**	**100,0%**	**5 700**	**100,0%**	**17 909**	**100,0%**

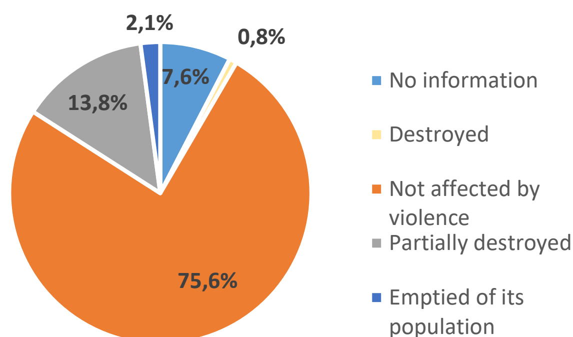
Infrastructures and priority needs

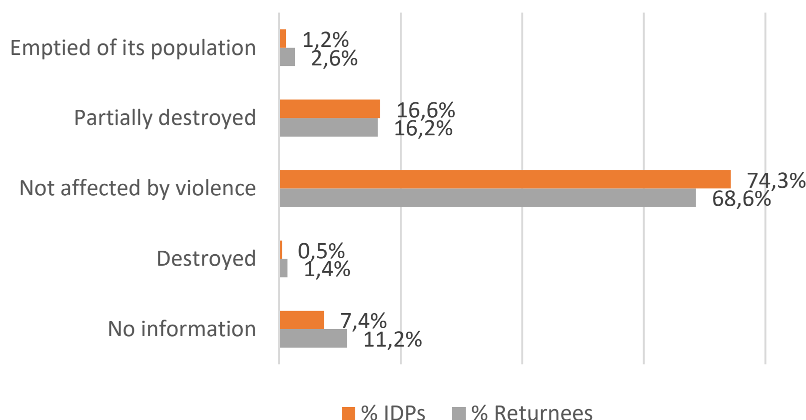
The situation of the villages regarding access to health care, education and security, is worrying. The weak density of these areas is very much linked to the lack of operational infrastructures. Indeed, out of the villages assessed, only in 32,7 %, the local population has access to an operational health center. In Minga and Katako-Kombe health zones, this rate reaches 41 % and 26,5 %, respectively. Furthermore, only 49 % of the villages evaluated can count on an operational school and 82,2 % of the villages lack an operational police antenna. Although according to field reports, host communities have been providing support to the displaced population they have been receiving (access to field, shelter and security for example), access to health care remains insufficient in many affected areas. More generally, field reports indicate that the level of humanitarian assistance in the province is extremely low.



In 31,6 % of the villages, access to health care has been raised as a priority need. In Minga health zone, access to health care is a priority for 46 % of the villages on average and in Katako Kombe health zone, education, health care, and drinking water have been reported as the main needs for most of the key informants (24 %, 24 % and 22 %).

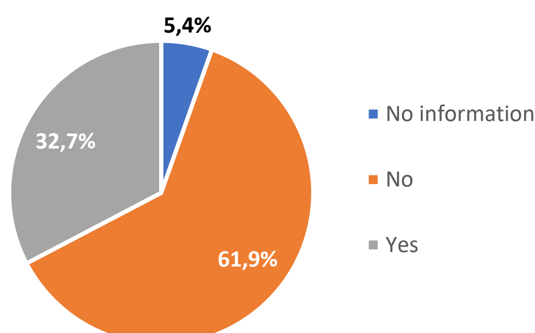
Internally displaced persons and returnees have been seeking relatively safer places after having fled – this situation is reflected in the data collected that shows that 75,6 % of all the villages that have been evaluated have not been affected by violence. However, 13,5 % of the villages have been partially destroyed. Most of those villages are located in Lodja health zone.





More precisely, respectively 68,6 % of the returnees and 74,3 % of the IDPs now live in villages that have not been affected by violence whereas 16,2 % of the returnees and 16,6 % of the IDPs live in village that have not been affected by violence.

The majority of the villages, which corresponds to 61,9 %, does not have access to an operational health structure, either health post, health center or general hospital. These rates are particularly high in Tshudi Loto, Vangakete and Lodja (72 %, 67 % and 68 %).



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

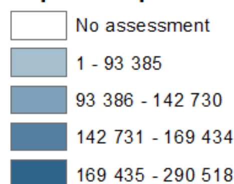
Displacement pressure

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 methology 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 107 villages with a rate higher than 2 and for which the situation remains critical: 43 of these villages are located in **Minga** health zone, 21 in **Katako Kombe**, 10 in **Lodja.**

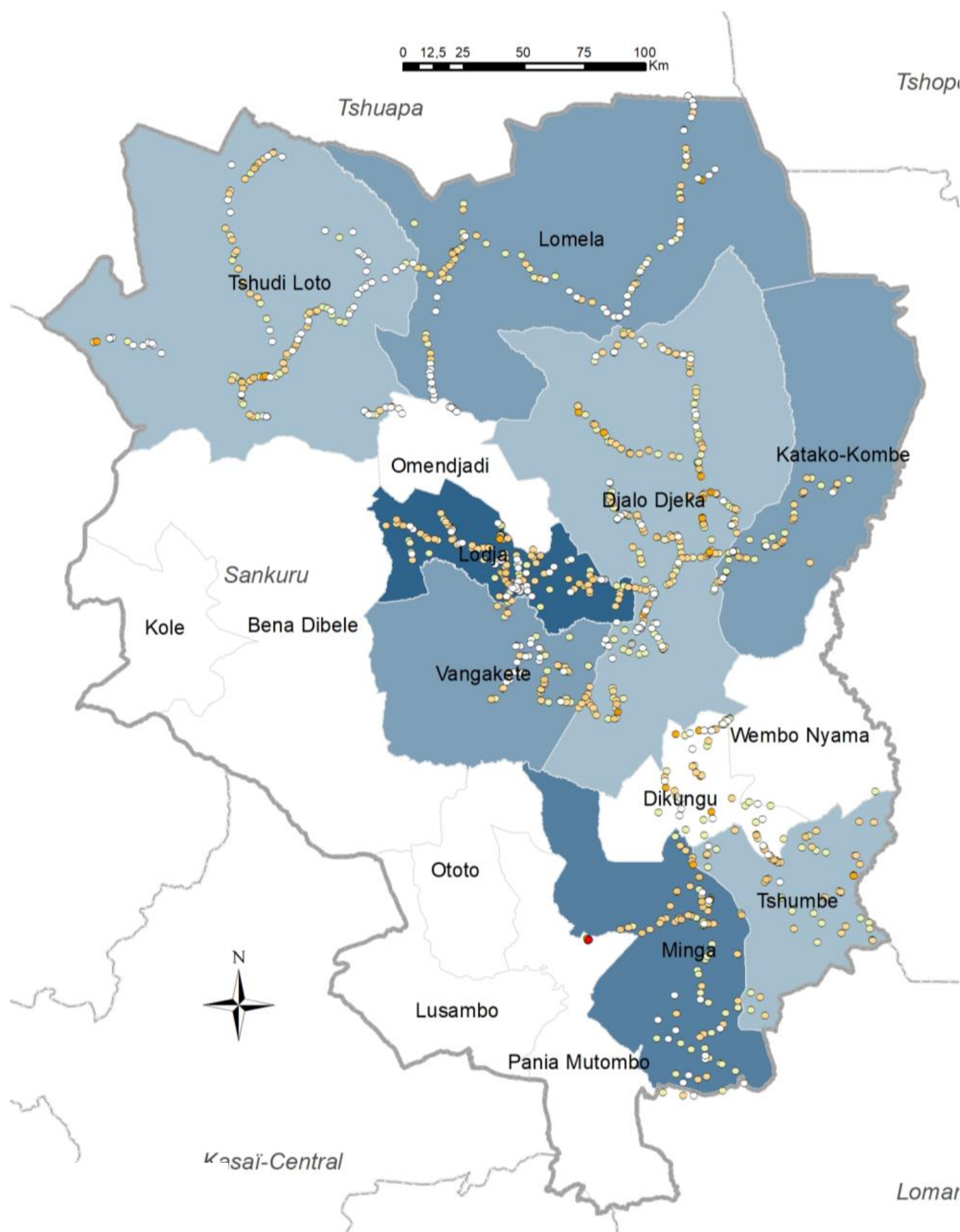
Displacement pressure indicator per villages

Population per health zone

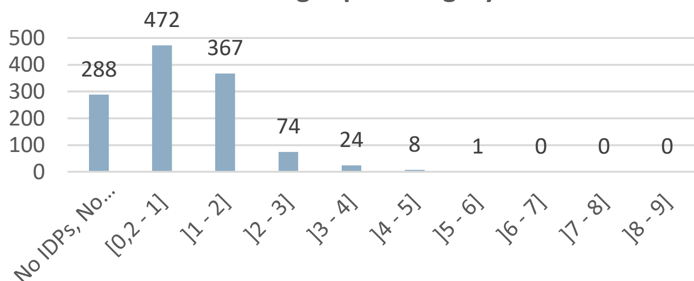


 # Villages per category

- Demographic data not available
- No IDP, no returnees
- [0,2 - 1]
-]1 - 2]
-]2 - 3]
-]3 - 4]
-]4 - 5]
-]5 - 6]



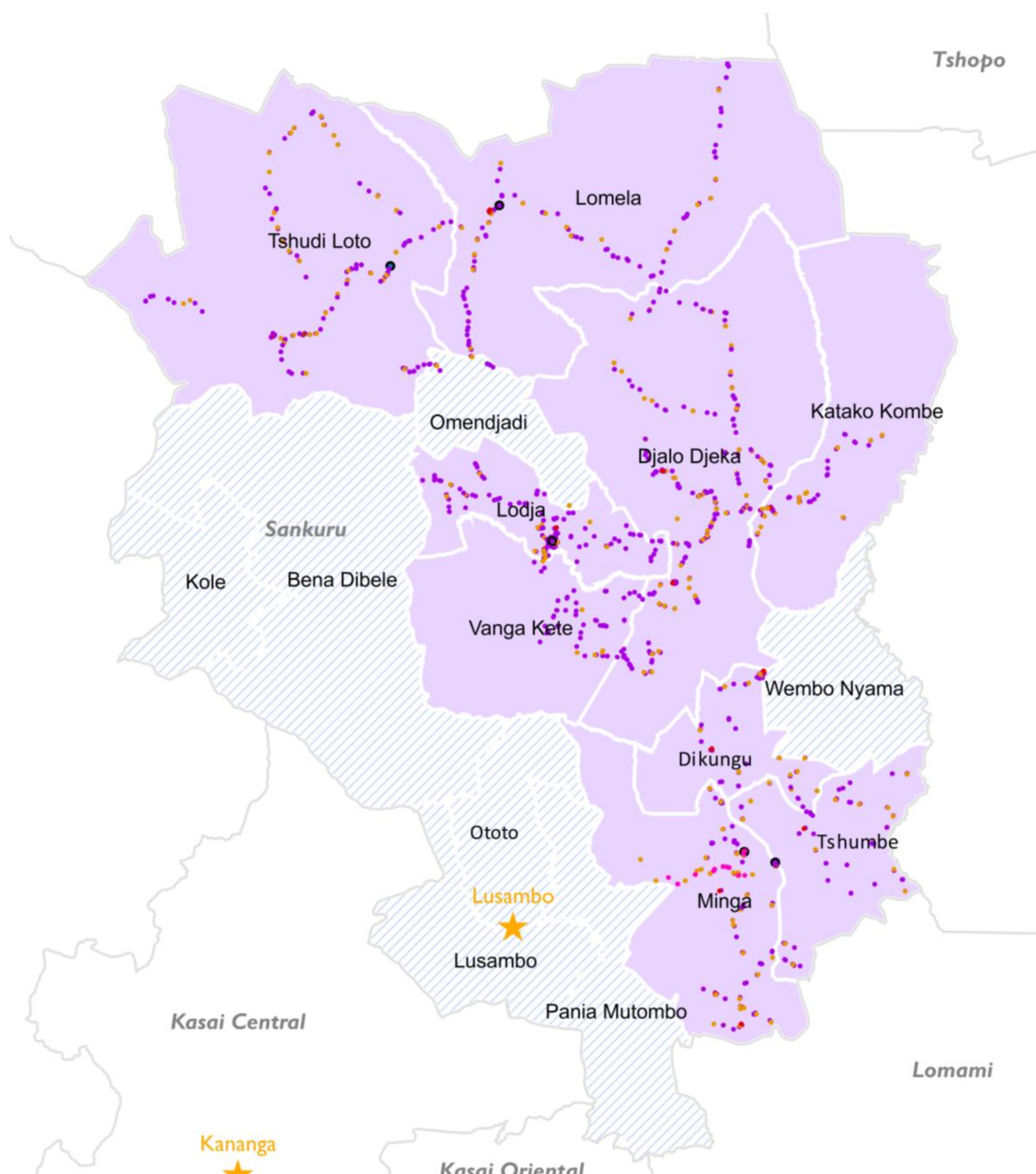
 # Villages per category



Sources: basemap RGC (Référentiel Géographique commun de la RDC). DTM assessment DRC / RDCCompétence, DPS population estimates 2018, 11 April – 30 Aprill. 2018. This map is for illustration purposes only. Some geographical limits do not coincide with the data collected in the field. GPS coordinates have not been verified in the field.

** Details on the calculation methodology are available upon request*

Infrastructures in the Sankuru province



Legend

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

Sources: basemap RGC (Référentiel Géographique commun de la RDC). DTM assessment DRC / RDCCompétence, DPS, 11 April – 30 April. 2018. This map is for illustration purposes only. Some geographical limits do not coincide with the data collected in the field. GPS coordinates have not been verified in the field

Health Zone	No information	No operational health infrastructure	Access to operational health infrastructure
KATAKO-KOMBE	20,0%	53,5%	26,5%
DJALO DJEKA	0,8%	63,0%	36,1%
LODJA	3,1%	67,9%	29,0%
LOMELA	5,5%	65,1%	29,5%
MINGA	1,2%	57,8%	41,0%
TSHUDI LOTO	0,0%	72,5%	27,5%
TSHUMBE	0,0%	44,9%	55,1%
VANGAKETE	4,3%	66,9%	28,8%
Total général	**5,4%**	**61,9%**	**32,7%**

Access to operational health infrastructures in villages

DTM activities in the province of Sankuru are supported by:

United Nations CERF Central Emergency Response Fund