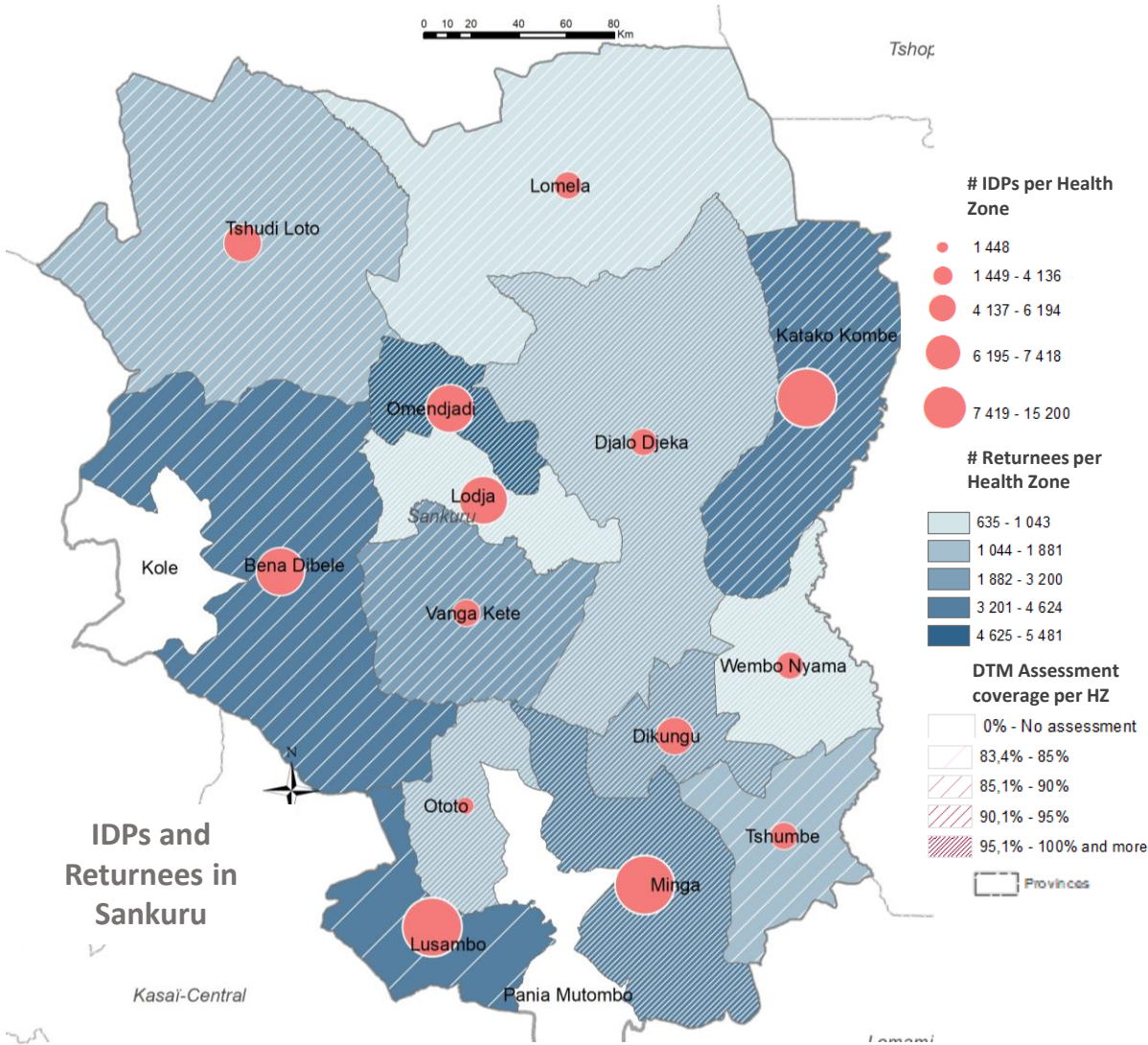DTM
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Forced displacement and Return movements in Sankuru - Assessment Report

As a response to the humanitarian crisis that is currently affecting the **Democratic Republic of Congo**, the International Organization for Migration deployed the Displacement Tracking Matrix (DTM) in seven (7) provinces of the country in order to collect up-to-date information on forcibly displaced persons and returnees. These exercises 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 and from 18 July to 2 August in 221 health areas (aires de santé), covering 14 health zones out of 16 in this province. The information provided in this report relates to population movements that occured in 2016, 2017 and during the first two quarters 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 conducted assessments in all the accessible villages in the Sankuru province and collected data through key informant interviews.

IDPs and Returnees in Sankuru

IDPs per Health Zone
- 1 448
- 1 449 - 4 136
- 4 137 - 6 194
- 6 195 - 7 418
- 7 419 - 15 200

Returnees per Health Zone
- 635 - 1 043
- 1 044 - 1 881
- 1 882 - 3 200
- 3 201 - 4 624
- 4 625 - 5 481

DTM Assessment coverage per HZ
- 0% - No assessment
- 83,4% - 85%
- 85,1% - 90%
- 90,1% - 95%
- 95,1% - 100% and more
- Provinces

Sources: basemap RGC (Référentiel Géographique commun de la RDC), DTM assessment DRC / RDCCompétence, 11 April – 30 April and 18 July – 2 August 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 2,170 villages were evaluated through 6,377 key informant 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 were identified in **Lusambo**, **Minga** and **Katako Kombe** (15,9 %, 14,8 % and 13,3 %, respectively). The greatest number of returnees that were reported through these assessments were identified in Omendjadi (5,481 returnees), followed by Lusambo (12,5 %) and Minga (11,9 %). Results show that intercommunal conflicts have been the main reason for displacement since 2016 (52,2 % on average). Field observations highlighted that returnees and IDPs generally live in difficult circumstances.

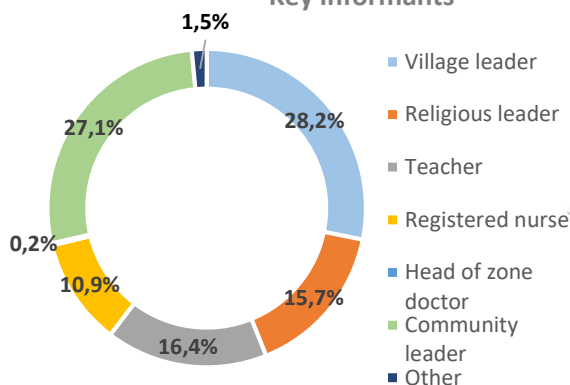| 2,170	6,377	95,313	37,105
Villages Assessed	Key informants	IDPs*	Returnees*

* Estimates - The results presented in this report are based on estimates provided by key informants in each village.
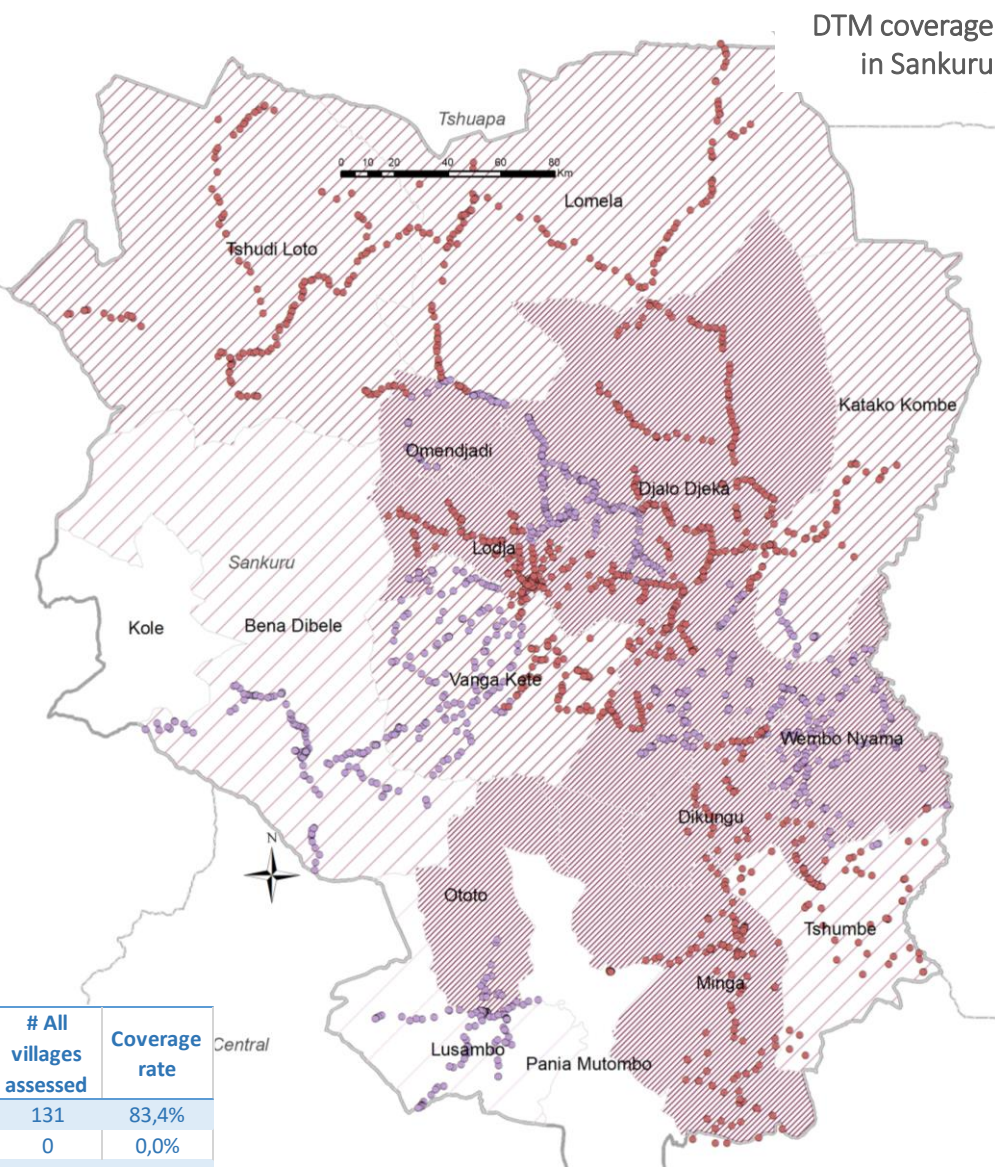
1

Methodology and geographic coverage

DTM assessments were conducted in fourteen out of sixteen health zones. Within these zones, nearly all the villages reported by the health provincial division (DPS) have been evaluated (2,170). Logistical and security restrictions limited the coverage of some areas. In many health zones, bridges and roads were missing, preventing the field teams from reaching some villages. 64 villages, which were not included in the list provided by the DPS, were identified and assessed by field enumerators. The GPS coordinates of the majority of these new villages were recorded.*

Key informants

- Village leader — 28,2%
- Religious leader — 15,7%
- Teacher — 16,4%
- Registered nurse — 10,9%
- Head of zone doctor — 0,2%
- Community leader — 27,1%
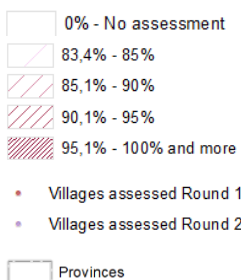- Other — 1,5%

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).

DTM coverage in Sankuru

Assessment coverage rate

- 0% - No assessment
- 83,4% - 85%
- 85,1% - 90%
- 90,1% - 95%
- 95,1% - 100% and more
- • Villages assessed Round 1
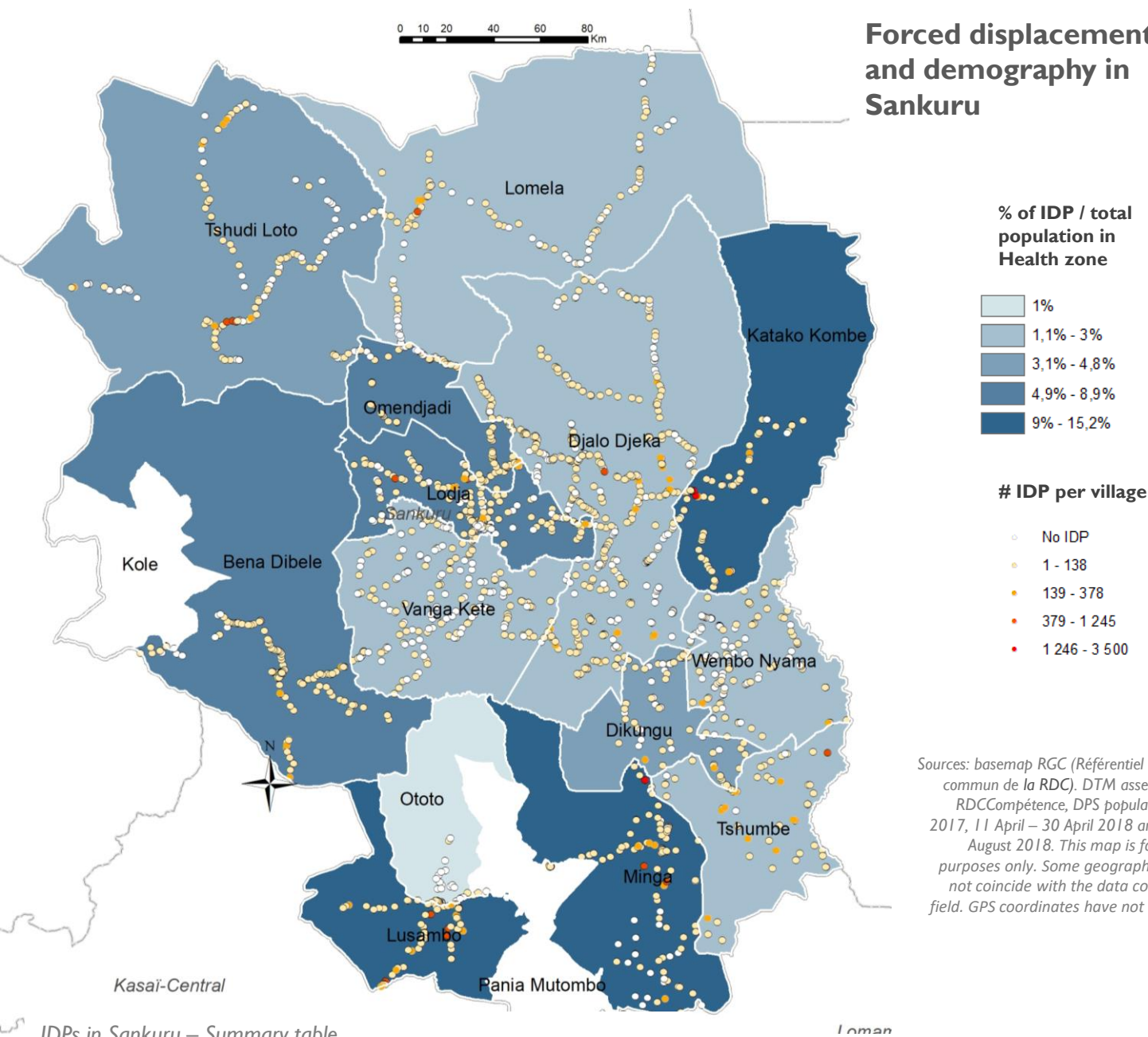- • Villages assessed Round 2
- ☐ Provinces

Sources: basemap RGC (RGC, Referentiel Geographique commun de la RDC). DTM assessment DRC / RDCCompétence, 11 April – 30 April. 2018 and 18 July – 2 August 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 Zones	# Villages DPS	# Villages assessed Round 1	# Villages assessed Round 2	# All villages assessed	Coverage rate
LUSAMBO	157	0	131	131	83,4%
PANIA MUTOMBO	109	0	0	0	0,0%
LODJA	215	224	0	224	104,2%
OTOTO	142	0	138	138	97,2%
VANGAKETE	147	139	0	139	94,6%
OMENDJADI	240	0	238	238	99,2%
BENA DIBELE	188	0	169	169	89,9%
KOLE	204	0	0	0	0,0%
LOMELA	156	146	0	146	93,6%
TSHUDI LOTO	145	131	0	131	90,3%
DJALO DJEKA	118	119	0	119	100,8%
WEMBO NYAMA	93	0	93	93	100,0%
DIKUNGU	163	0	165	165	101,2%
KATAKO-KOMBE	234	215	0	215	91,9%
MINGA	164	173	0	173	105,5%
TSHUMBE	102	89	0	89	87,3%
Total	**2 577**	**1 236**	**934**	**2 170**	**84,2%**

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.

DTM coverage in Sankuru

*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

- 1%
- 1,1% - 3%
- 3,1% - 4,8%
- 4,9% - 8,9%
- 9% - 15,2%

 # IDP per village

- No IDP
- 1 - 138
- 139 - 378
- 379 - 1 245
- 1 246 - 3 500

Sources: basemap RGC (Référentiel Géographique commun de la RDC). DTM assessment DRC / RDCCompétence, DPS population estimates 2017, 11 April – 30 April 2018 and 18 July – 2 August 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.

IDPs in Sankuru – Summary table

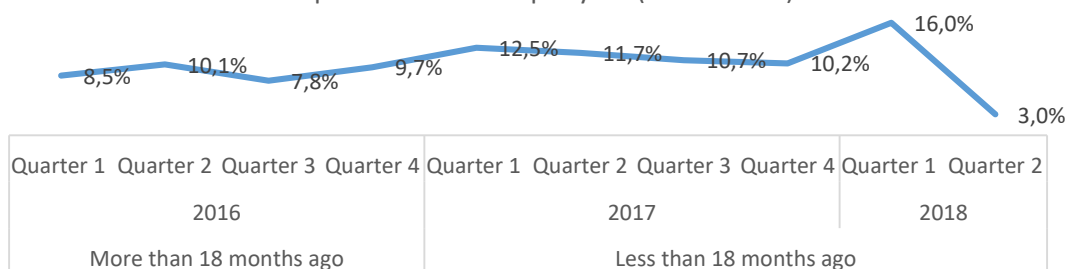| Health Zones	# IDPs	% IDP / Total IDP Population	% IDP / Total HZ population
KATAKO-KOMBE	12 724	13,3%	8,9%
DIKUNGU	6 020	6,3%	4,1%
DJALO DJEKA	4 136	4,3%	4,7%
WEMBO NYAMA	3 032	3,2%	2,8%
BENA DIBELE	7 418	7,8%	15,2%
LODJA	7 014	7,4%	2,4%
OMENDJADI	7 019	7,4%	4,8%
OTOTO	1 448	1,5%	1,0%
VANGAKETE	3 180	3,3%	2,4%
LOMELA	3 914	4,1%	3,0%
TSHUDI LOTO	6 194	6,5%	7,1%
MINGA	14 068	14,8%	8,3%
TSHUMBE	3 946	4,1%	4,7%
LUSAMBO	15 200	15,9%	13,5%
Total	**95 313**	**100,0%**	**5,2%**

Lusambo, Minga and **Katako Kombe health zones** host most of the IDPs (15,9 %, 14,8 and 13,3 %, 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 Lusambo Est (in Lusambo) with 3,632 and 3,810 IDPs, respectively. In these areas, most of the IDPs arrived in 2016 and 2017. In one village located in Ohale health area in particular, 3 500 IDPs have been reported. More over, although IDPs are fewer in Bena Dibele (7,8 % of the total IDP population in the province), the health zone has the highest rate of IDPs with regards to its total population (15,9 %).

3

Displacement period

Displacement period per territory
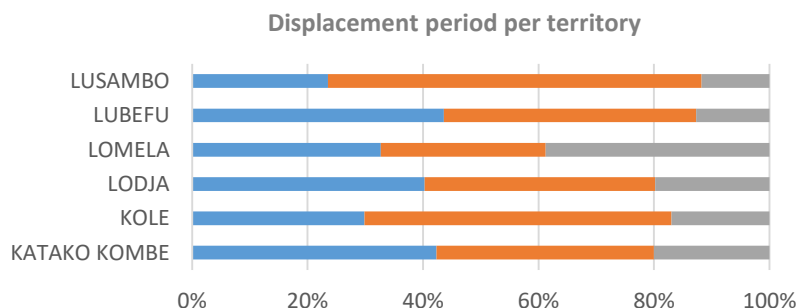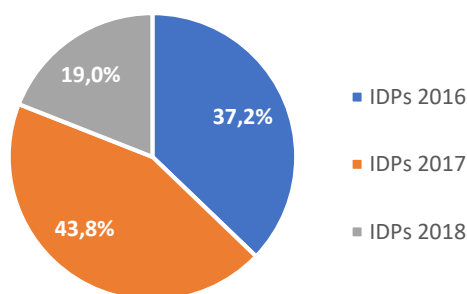
In Sankuru, most of the households were displaced in 2017. Internal displacement movements during the first quarter of 2018 were mostly observed in Lomela territory (38,8 %). In Lubefu, Katako Kombe and Lodja most of the IDPs have been displaced in 2016 (43,6 %, 42,3 % and 40,3 %, respectively).

Displacement trends per year (Households)

36 % of the housholds were displaced more than 18 months ago. Nearly 20 % of the households have been displaced during the first quarters of 2018.
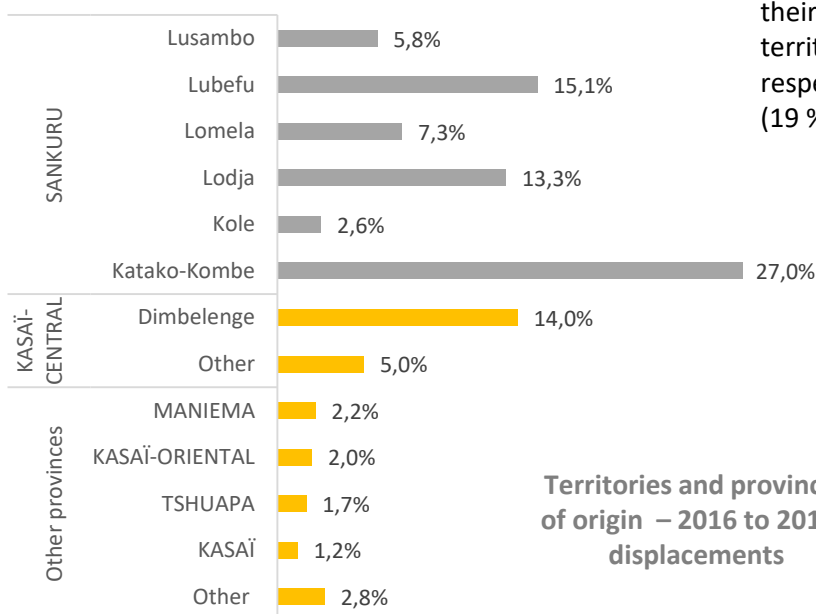
IDPs profile*

Gender and age	% IDPs
Females	59,0%
Males	41,0%
Children under 5	7,6%

On average, key informants estimated that women represent 59 % of the displaced population and that children under 5 represent approximately 7,6 % of the IDPs*.
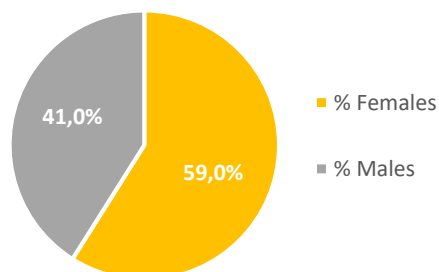

Data available for the territories evaluated during Round 2 only.
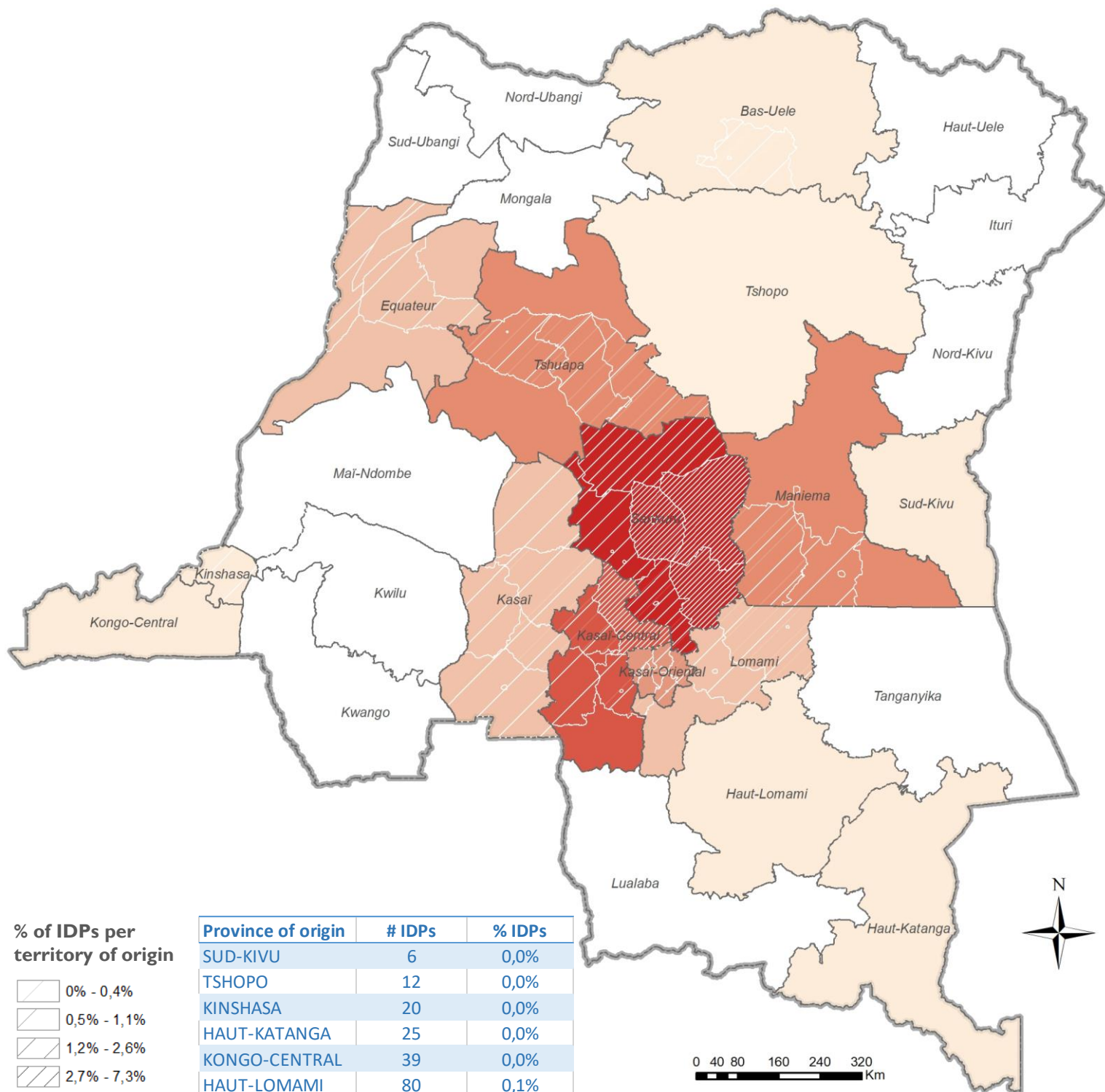
Origin of the IDPs

Most of the IDPs used to live in the Sankuru province before their displacement (71,1 %). They mainly come from the territories of Katako-Kombe and Lubefu (27 % and 15,1 %, respectively). The other provinces of origin are Kasai Central (19 %), Maniema (2,2 %) and Kasaï Oriental (2 %).
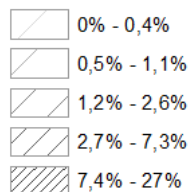

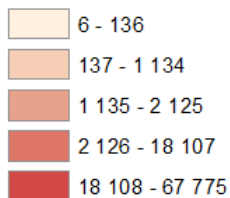**Territories and provinces of origin – 2016 to 2018 - displacements**

4
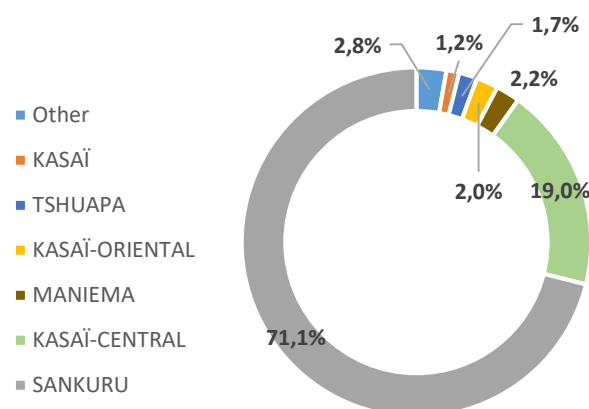
IDPs' origin in Sankuru

% of IDPs per territory of origin

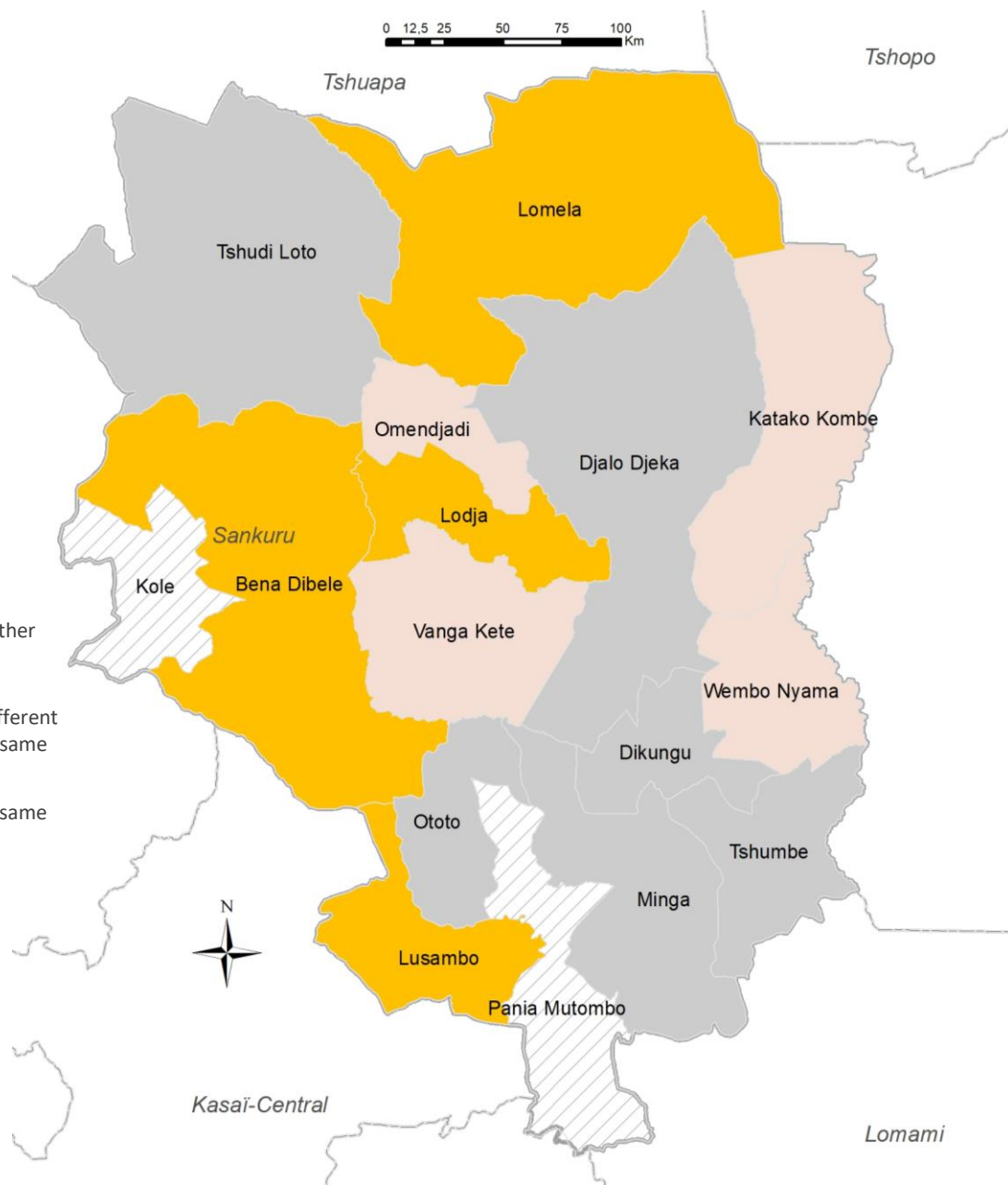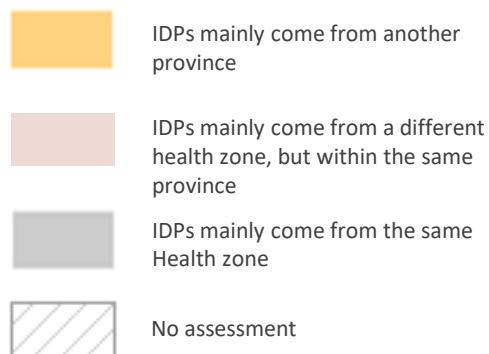| Pattern	Range
	0% - 0,4%
	0,5% - 1,1%
	1,2% - 2,6%
	2,7% - 7,3%
	7,4% - 27%

# of IDPs per province of origin

Color	Range
	6 - 136
	137 - 1 134
	1 135 - 2 125
	2 126 - 18 107
	18 108 - 67 775

Province of origin	# IDPs	% IDPs
SUD-KIVU	6	0,0%
TSHOPO	12	0,0%
KINSHASA	20	0,0%
HAUT-KATANGA	25	0,0%
KONGO-CENTRAL	39	0,0%
HAUT-LOMAMI	80	0,1%
BAS-UELE	136	0,1%
LOMAMI	669	0,7%
EQUATEUR	687	0,7%
AUTRE	957	1,0%
KASAÏ	1 134	1,2%
TSHUAPA	1 611	1,7%
KASAÏ-ORIENTAL	1 930	2,0%
MANIEMA	2 125	2,2%
KASAÏ-CENTRAL	18 107	19,0%
SANKURU	67 775	71,1%
TOTAL	**95 313**	**100,0%**

Base Map Source: basemap RGC (Référentiel Géographique commun de la RDC). DTM assessment DRC / RDCCompétence, 11 April – 30 April 2018 and 18 July – 2 August 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.

IDPs'origin – Summary table

Types of movement

External, out of the province, 29%

Internal, within health zone 42%

External, still within province 29%

IDPs mainly come from another province

IDPs mainly come from a different health zone, but within the same province

IDPs mainly come from the same Health zone

No assessment
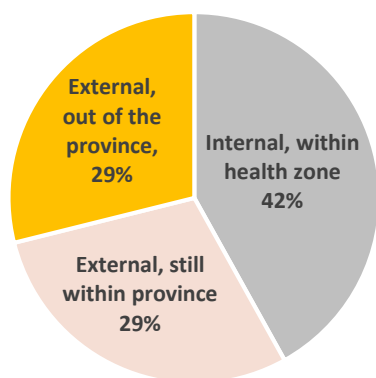
At the level of the health zones, data indicates that most of the displacements occured within the health zones of the province (42 %) – in other words, IDPs mostly remained within their health zone of origin when they were displaced.

Most of the IDPs who arrived in Lusambo and Bena Dibele health zones came from Kasaï Central. Lomela, 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 came 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
KATAKO-KOMBE	43%	53%	4%
BENA DIBELE	18%	31%	51%
DIKUNGU	56%	37%	7%
DJALO DJEKA	60%	37%	3%
LODJA	24%	28%	48%
LOMELA	22%	11%	66%
LUSAMBO	24%	1%	75%
MINGA	68%	26%	5%
OMENDJADI	37%	60%	3%
OTOTO	60%	34%	6%
TSHUDI LOTO	66%	4%	30%
TSHUMBE	66%	19%	15%
VANGAKETE	24%	41%	36%
WEMBO NYAMA	22%	59%	19%
Total	**42%**	**29%**	**29%**

Sources: basemap RGC (Référentiel Géographique commun de la RDC). DTM assessment DRC / RDCCompétence,, 11 April –30 April 2018 and 18 July – 2 August 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
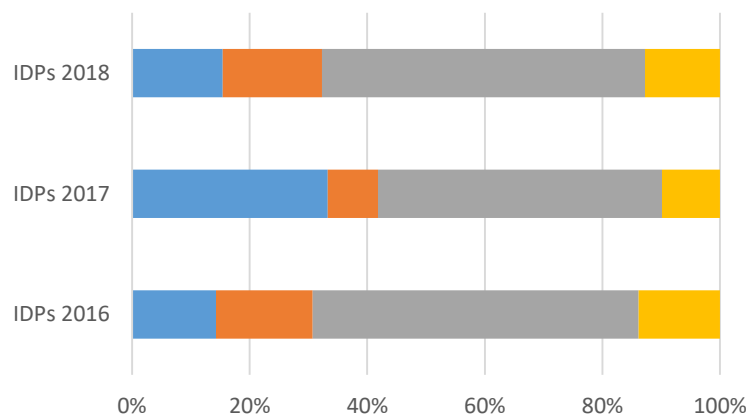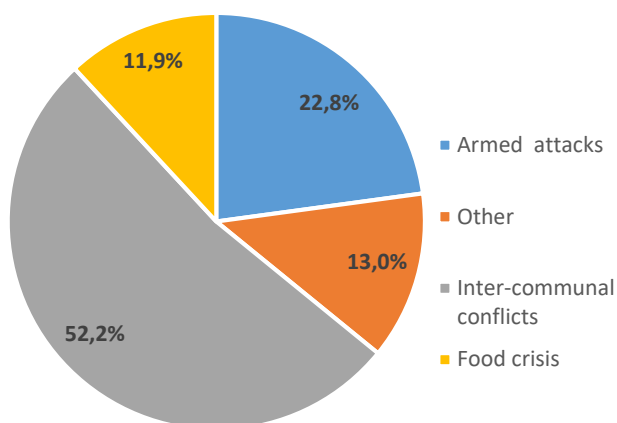
According to the data collected, most of the individuals were displaced in 2016, in 2017 and 2018 because of intercommunal conflicts (52,2 % on average). It is worth noting that, the number of individuals fleeing because of armed attacks increased from 5,069 to 13,907 between 2016 and 2017 and this figure fell to 2,799 in 2018. Since 2016, around 11,333 individuals have been forcibly displaced because of food crisis.

Reason 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 attacks	5 069	14,3%	13 907	33,3%	2 799	15,4%	21 775	22,8%
Other	5 818	16,4%	3 553	8,5%	3 054	16,8%	12 425	13,0%
Inter-communal conflicts	19 644	55,4%	20 174	48,3%	9 962	55,0%	49 780	52,2%
Food crisis	4 904	13,8%	4 118	9,9%	2 311	12,7%	11 333	11,9%
Total	**35 435**	**100,0%**	**41 752**	**100,0%**	**18 126**	**100,0%**	**95 313**	**100,0%**

Presence of IDPs and Returnees in the villages
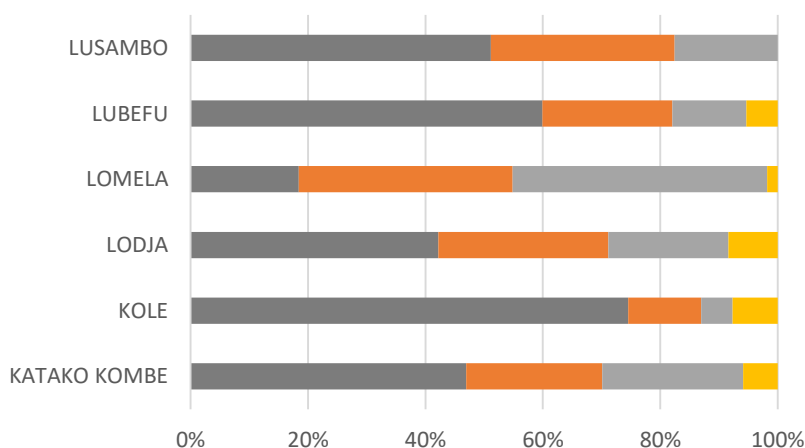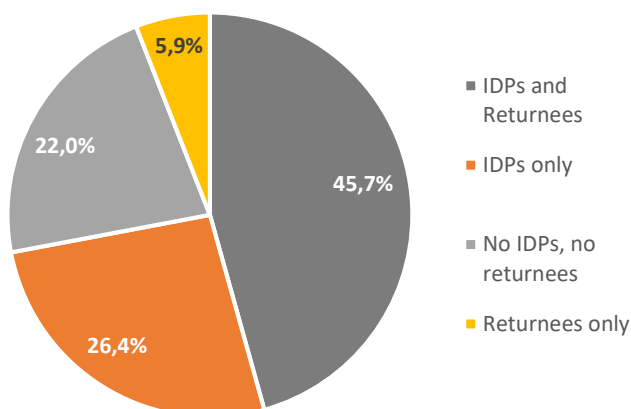
Presence of IDPs and Returnees in the villages per territory

Aproximately 22 % of the villages assessed in Sankuru have not been affected by internal displacement and do not host IDPs nor Returnees (478 villages). Moreover, at the level of the province, there are both IDPs and Returnees in 45,7 % of the villages. The presence of both IDPs and returnees has been reported in 71,4 % of the villages assessed in Omendjadi health zone. In Lomela HZ, around 45,9 % of the villages neither host IDPs or returnees.

Returnees

Return movements and demography
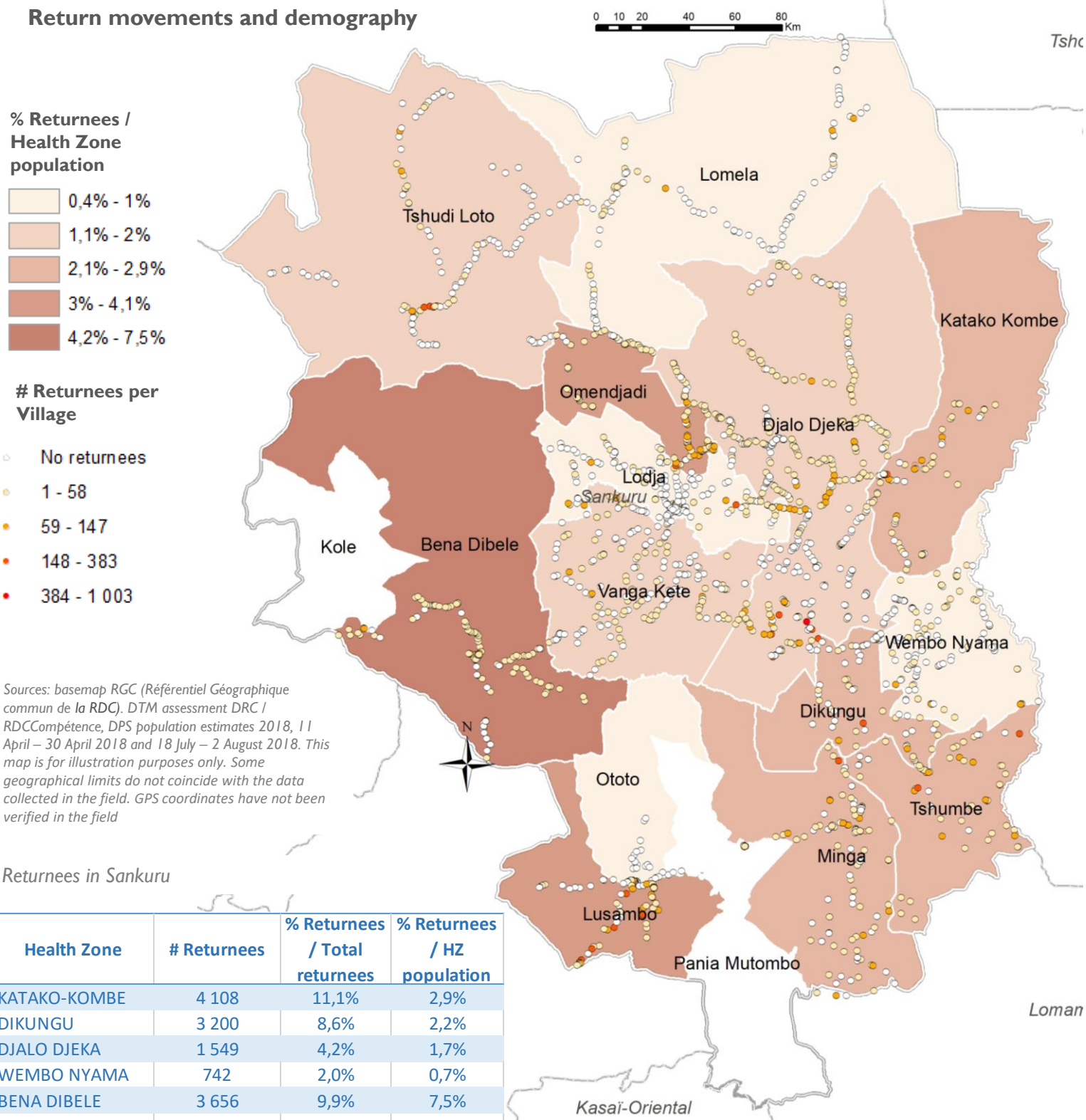
% Returnees / Health Zone population

- 0,4% - 1%
- 1,1% - 2%
- 2,1% - 2,9%
- 3% - 4,1%
- 4,2% - 7,5%

 # Returnees per Village

- No returnees
- 1 - 58
- 59 - 147
- 148 - 383
- 384 - 1 003

*Sources: basemap RGC (Référentiel Géographique commun de la RDC). DTM assessment DRC / RDCCompétence, DPS population estimates 2018, 11 April – 30 April 2018 and 18 July – 2 August 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*

Returnees in Sankuru

Health Zone	# Returnees	% Returnees / Total returnees	% Returnees / HZ population
KATAKO-KOMBE	4 108	11,1%	2,9%
DIKUNGU	3 200	8,6%	2,2%
DJALO DJEKA	1 549	4,2%	1,7%
WEMBO NYAMA	742	2,0%	0,7%
BENA DIBELE	3 656	9,9%	7,5%
LODJA	1 043	2,8%	0,4%
OMENDJADI	5 481	14,8%	3,8%
OTOTO	1 493	4,0%	1,0%
VANGAKETE	2 532	6,8%	1,9%
LOMELA	635	1,7%	0,5%
TSHUDI LOTO	1 745	4,7%	2,0%
MINGA	4 416	11,9%	2,6%
TSHUMBE	1 881	5,1%	2,2%
LUSAMBO	4 624	12,5%	4,1%
Total	**37 105**	**100,0%**	**2,4%**

Omendjadi and **Lusambo** are the main returning areas where nearly 27,3 % of the return movements occurred. In total, 37,105 indivuals have returned to their area of origin since 2016 and are no longer counted as IDPs. This returnee population represents only 2,4 % of the total population in this area. In Lodja, this rate drops down to 0,4 %.
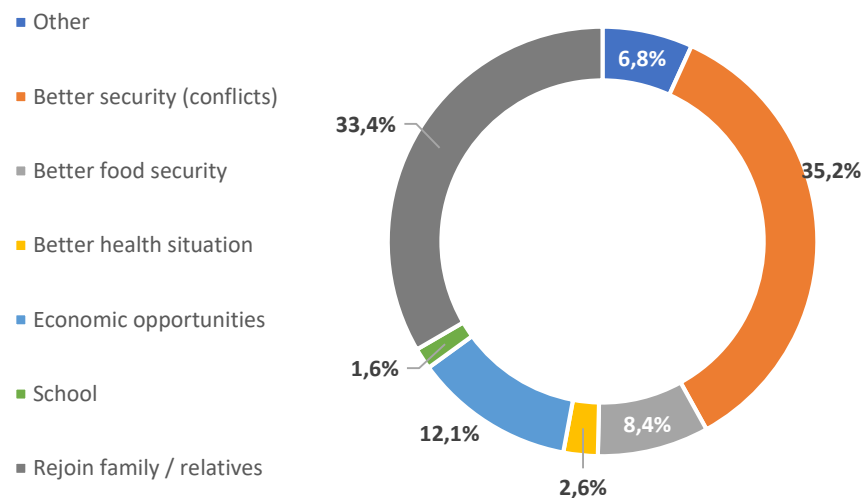
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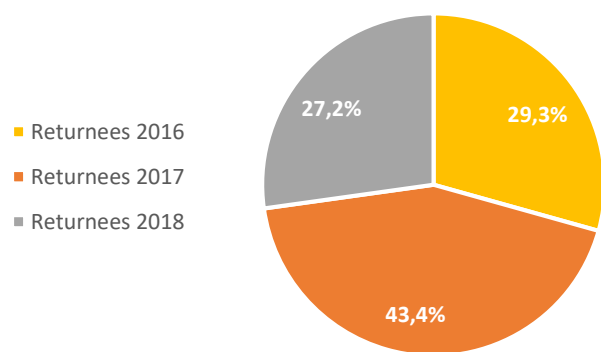
Return period

Return period per territory

- Returnees 2016
- Returnees 2017
- Returnees 2018
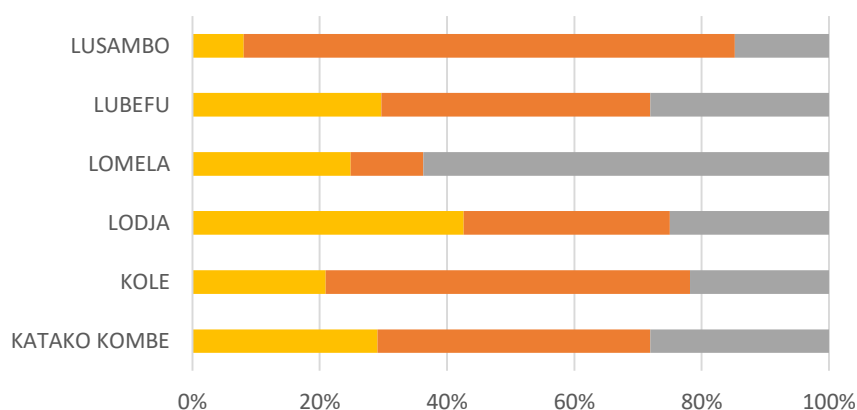
The data collected indicates that most of the return movements occured in 2017. Since the beginning of 2018, it is worth noting that all these territories have already received returnees especially in Lomela – where nearly 64 % of the return movements have occured in 2018.

Reasons for Return movements

- Other
- Better security (conflicts)
- Better food security
- Better health situation
- Economic opportunities
- School
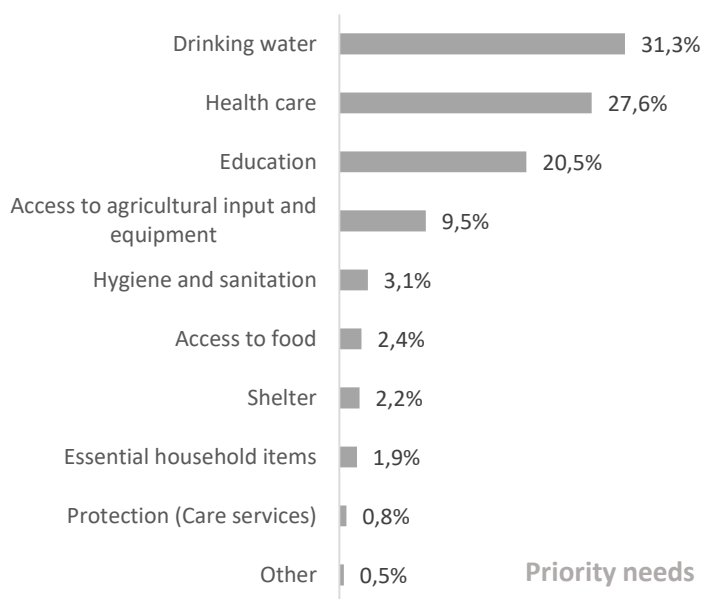- Rejoin family / relatives

The data collected indicates that 35,2 % of the returnees went back to their area of origin because the security situation had improved. Nearly 34 % of the returnees declared that they were willing to return home to be reunited with their family. 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 were the main obstacles preventing IDPs to return to their places of origin.

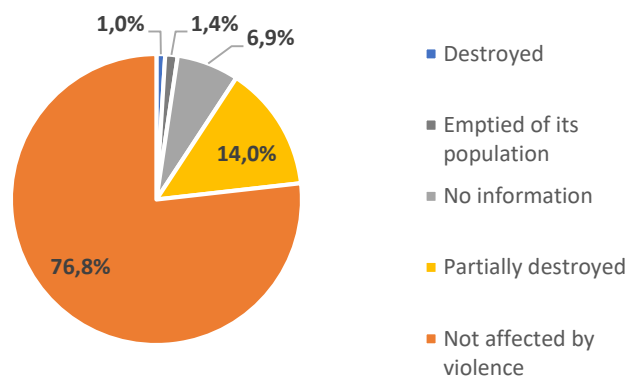| Return drivers	# Returnees 2016	% Returnees 2016	# Returnees 2017	% Returnees 2017	# Returnees 2018	% Returnees 2018	# Total Returnees	% Total Returnees
Other	696	6,4%	762	4,7%	1 065	10,5%	2 523	6,8%
Better security (conflicts)	3 413	31,4%	6 441	40,0%	3 191	31,6%	13 045	35,2%
Better food security	844	7,8%	1 322	8,2%	948	9,4%	3 114	8,4%
Better health situation	225	2,1%	444	2,8%	290	2,9%	959	2,6%
Economic opportunities	1 288	11,8%	2 279	14,1%	913	9,0%	4 480	12,1%
School	167	1,5%	301	1,9%	129	1,3%	597	1,6%
Rejoin family / relatives	4 253	39,1%	4 573	28,4%	3 561	35,3%	12 387	33,4%
Total	10 886	100%	16 122	100%	10 097	100%	37 105	100%

Infrastructures and priority needs

Levels of access to health care, education and security in displacement locations are worrisome. The lack of operational infrastructures is very much linked to the weak density in these areas. Indeed, the local population had access to an operational health center in only 31,7 % of villages assessed. In Bena Dibele and Omendjadi health zones, this rate reaches 17,1 % and 18,4 %, respectively. Furthermore, on average, 49,7 % of the villages evaluated contained an operational school and 8,1 % of the villages had an operational police antenna. Although according to field reports, host communities had been providing support to the displaced population (access to field, shelter and security for example), access to health care remains insufficient in many affected areas. Field enumerators also reported acute cases of malnutrition in Nyeme health area and cases of cholera in Bena Dibele and Lusambo health zones*.

Priority needs
- Drinking water — 31,3%
- Health care — 27,6%
- Education — 20,5%
- Access to agricultural input and equipment — 9,5%
- Hygiene and sanitation — 3,1%
- Access to food — 2,4%
- Shelter — 2,2%
- Essential household items — 1,9%
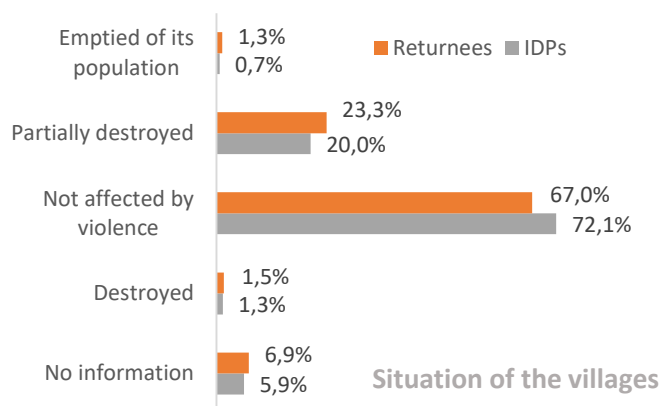- Protection (Care services) — 0,8%
- Other — 0,5%

In 31,3 % of the villages, access to drinking water was raised as a priority need. In Bena Dibele health zone, access to drinking water was a priority for 52 % of the villages on average and in Katako Kombe health zone, education, health care, and drinking water were reported as the main needs for most of the key informants (24 %, 23 % and 22 %, respectively). Field observations indicate that both displaced and returned population were mostly living in very fragile shelters.

Situation of the villages
- Destroyed — 1,0%
- Emptied of its population — 1,4%
- No information — 6,9%
- Partially destroyed — 14,0%
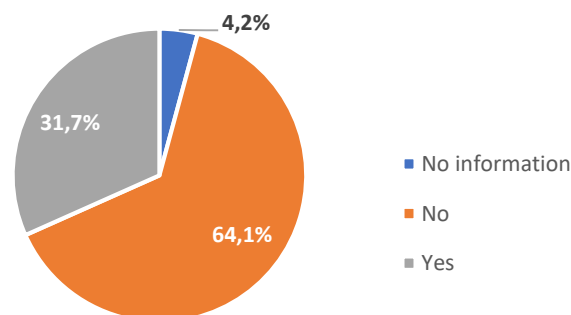- Not affected by violence — 76,8%

Internally displaced persons and returnees had been seeking relatively safer places after having fled – this situation is reflected in the data collected that shows that 76,8 % of all the villages that were evaluated were not affected by violence. However, 14 % of the villages were partially destroyed. Most of those villages are located in Lodja and Lusambo health zones.

Situation of the villages (Returnees / IDPs)
- Emptied of its population — 1,3% / 0,7%
- Partially destroyed — 23,3% / 20,0%
- Not affected by violence — 67,0% / 72,1%
- Destroyed — 1,5% / 1,3%
- No information — 6,9% / 5,9%

More precisely, respectively 67 % of the returnees and 72 % of the IDPs were living in villages that were not destroyed whereas 23,3 % of the returnees and 20 % of the IDPs live in village that were partially destroyed.

Access to operational health infrastructures in villages
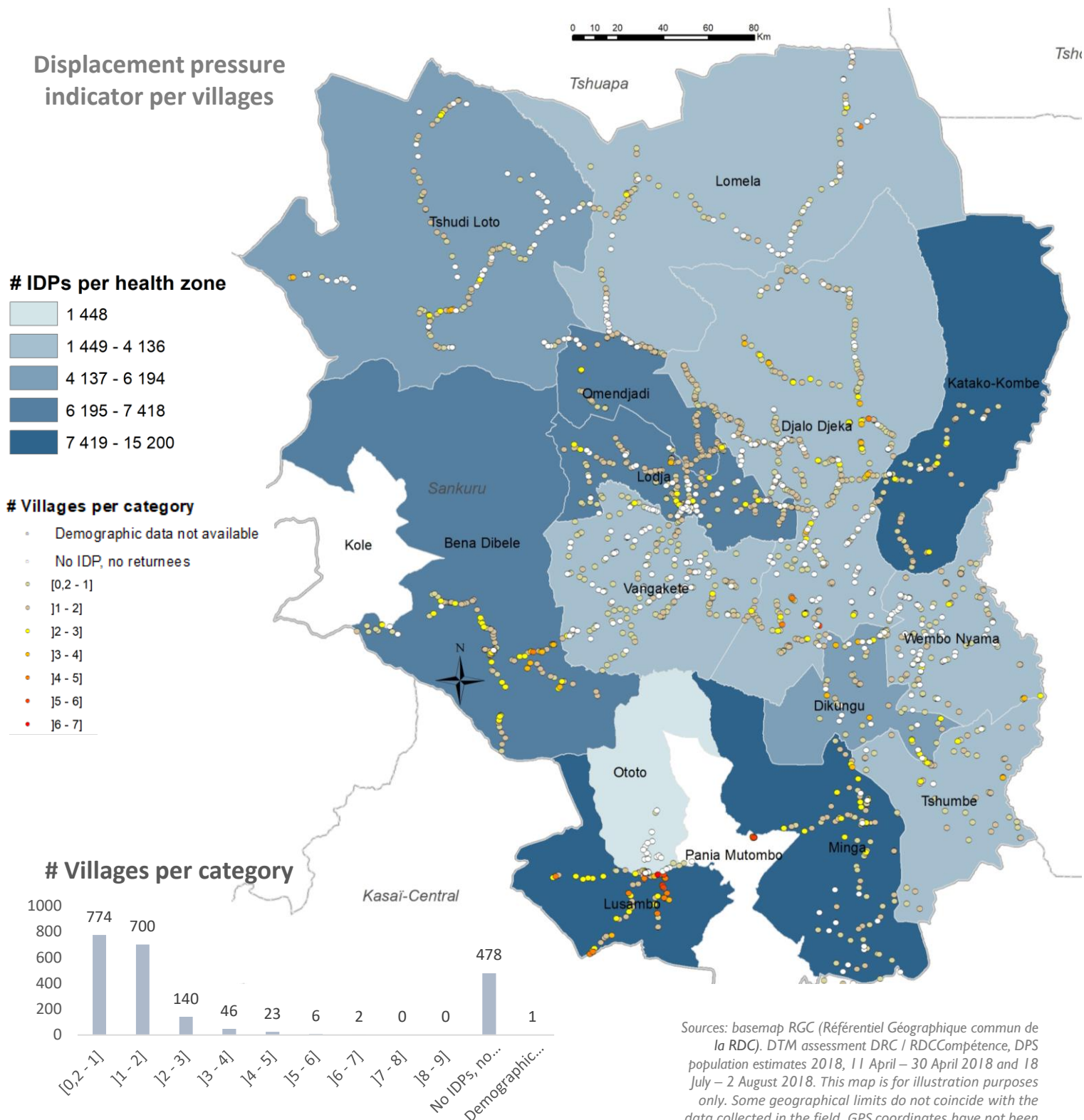- No information — 4,2%
- No — 64,1%
- Yes — 31,7%

The majority of the villages, which corresponds to 64,1 %, does not have access to an operational health structure, either health post, health center or general hospital. These rates are particularly high in Bena Dibele, Omendjadi and Tshudi Loto (79,9 %, 79,8 % and 72,5 %, respectively).

For more information, please contact us directly.

10

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 217 villages with a rate higher than 2 and for which the situation remains critical: 54 of these villages are located in **Lusambo** health zone, 43 in Minga, 36 in Bena Dibele and 21 in **Katako Kombe.**

Displacement pressure indicator per villages

 # IDPs per health zone

	1 448
	1 449 - 4 136
	4 137 - 6 194
	6 195 - 7 418
	7 419 - 15 200

 # Villages per category

- Demographic data not available
- No IDP, no returnees
- [0,2 - 1]
-]1 - 2]
-]2 - 3]
-]3 - 4]
-]4 - 5]
-]5 - 6]
-]6 - 7]

Villages per category

Category	Value
[0,2 - 1]	774
]1 - 2]	700
]2 - 3]	140
]3 - 4]	46
]4 - 5]	23
]5 - 6]	6
]6 - 7]	2
]7 - 8]	0
]8 - 9]	0
No IDPs, no...	478
Demographic...	1

Sources: basemap RGC (Référentiel Géographique commun de la RDC). DTM assessment DRC / RDCCompétence, DPS population estimates 2018, 11 April – 30 April 2018 and 18 July – 2 August 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
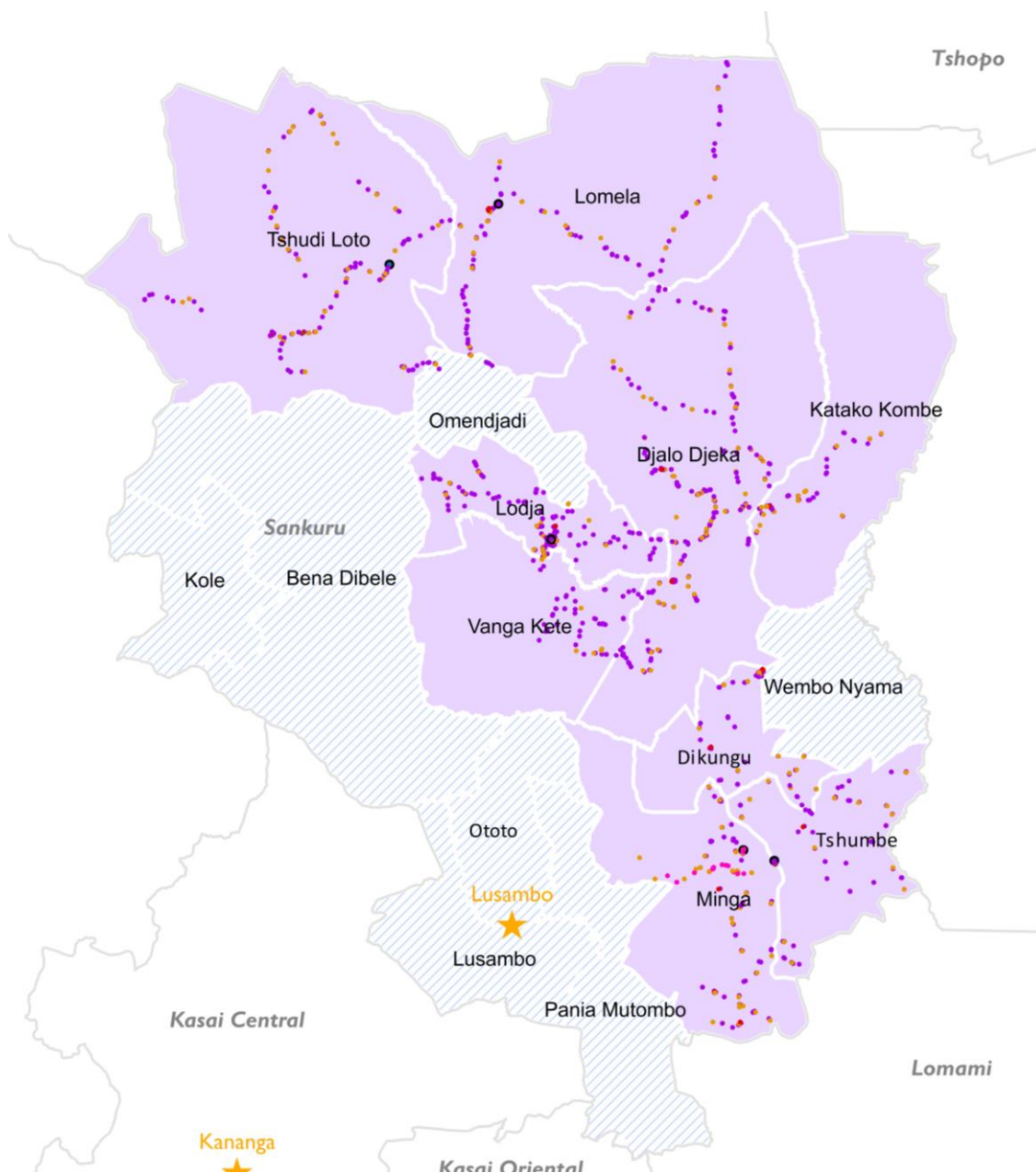
Sources: basemap RGC (Référentiel Géographique commun de la RDC). DTM assessment DRC / RDCCompétence, DPS, 11 April – 30 April. 2018. This map is for illustration purposes only. Some geographical limits do not coincide with the data collected in the field. GPS coordinates have not been verified in the field

Health zone	No information	No operational health infrastructure	Access to operational health
KATAKO-KOMBE	20,0%	53,5%	26,5%
BENA DIBELE	3,0%	79,9%	17,2%
DIKUNGU	5,5%	56,4%	38,2%
DJALO DJEKA	0,8%	63,0%	36,1%
LODJA	3,1%	67,9%	29,0%
LOMELA	5,5%	65,1%	29,5%
LUSAMBO	1,5%	70,2%	28,2%
MINGA	1,2%	57,8%	41,0%
OMENDJADI	1,7%	79,8%	18,5%
OTOTO	2,9%	44,9%	52,2%
TSHUDI LOTO	0,0%	72,5%	27,5%
TSHUMBE	0,0%	44,9%	55,1%
VANGAKETE	4,3%	66,9%	28,8%
WEMBO NYAMA	1,1%	58,1%	40,9%
Total	**4,2%**	**64,1%**	**31,7%**

Access to operational health infrastructures in villages