

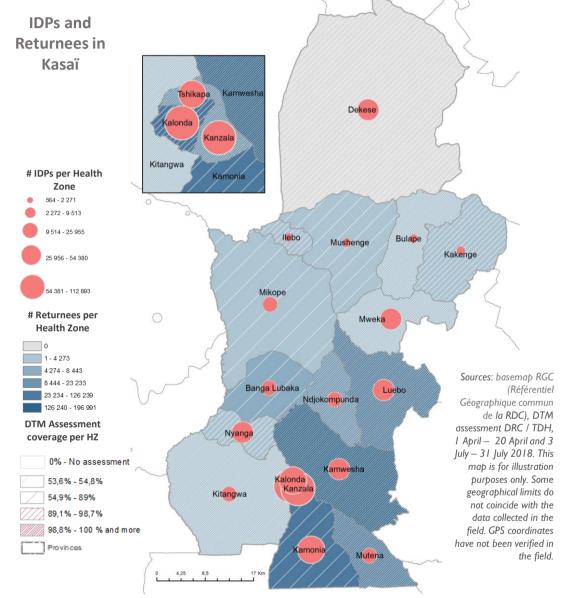


# Forced displacement and Return movements in Kasai - Assessment Report

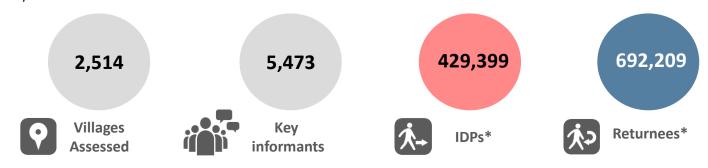
As a response to the humanitarian crisis that is currently affecting the **Democratic Republic of Congo**, the International Organization for Migration deployed the Displacement Tracking Matrix (DTM) in seven (7) provinces of the country in order to collect up-to-date information on forcibly displaced 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 the DTM of assessments that were conducted the in Kasai province from 1 April to 20 April 2018 and from 3 to 31 July in 305 health areas (aires de santé), covering in total 18 health zones in this province. The information provided in report relates this 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 the assessments all in accessible villages in the province of Kasaï and collected data through key informant interviews. For these assessments, a total of 2,514 villages were evaluated through 5,473 key informant interviews by IOM's partner TDH, in collaboration with the DPS (Division Provinciale de la Santé).



In general, most of the IDPs in the province were identified in **Kalonda**, **Kanzala** and **Tshikapa** (26,3 %, 20 % and 12,7 %, respectively). The greatest number of returnees that were reported through these assessments were identified in Kamwesha (196,991 returnees – 28,5 %), followed by Mutena (126, 239 returnees - 18,2 %). Results show that armed attacks have been the main reason for displacement since 2016 (73 % on average). Field observations highlighted that returnees and IDPs generally live in difficult circumstances.





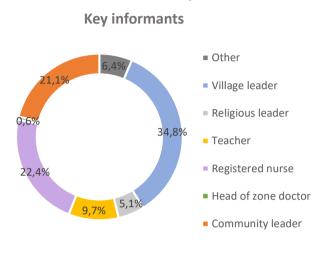
# Methodology and geographic coverage

DTM assessments were conducted in the 18 health zones comprised in the province of Kasaï. Within these zones, nearly all the villages reported by the health provincial division (DPS) have been evaluated (2,514). Logistical and security restrictions (including inter-ethnic tensions) limited the coverage of some areas. In many health zones, bridges and roads were missing, preventing the field teams from reaching some villages. 99 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.\*

Kitangwa

Tshikana

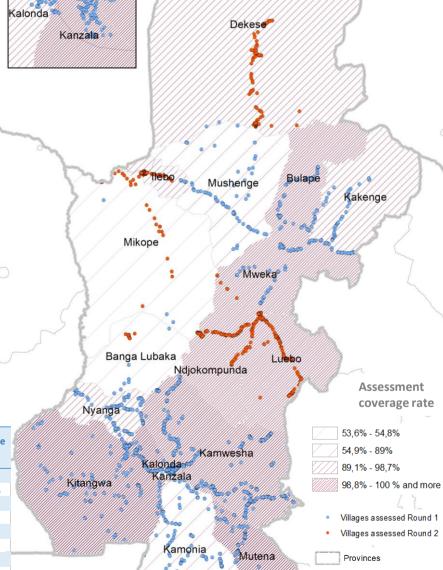
Kamwesha



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 Kasaï

Health zone	# Villages DPs	# Villages assessed Round 1	# Villages assessed Round 2	Total	Coverage rate	Alternation
Banga Lubaka	93	0	51	51	54,8%	3
Bulape	77	77	0	77	100,0%	0000
Dekese	122	0	119	119	97,5%	
Ilebo	153	0	151	151	98,7%	
Kakenge	96	92	0	92	95,8%	
Kalonda	331	323	0	323	97,6%	
Kamonia	187	160	0	160	85,6%	Septe
Kamwesha	249	282	0	282	113,3%	
Kanzala	75	83	0	83	110,7%	
Kitangwa	87	103	0	103	118,4%	
Luebo	303	0	303	303	100,0%	
Mikope	84	0	45	45	53,6%	
Mushenge	136	121	0	121	89,0%	
Mutena	49	59	0	59	120,4%	
Mweka	102	102	0	102	100,0%	
Ndjoko Punda	109	0	114	114	104,6%	
Nyanga	172	162	0	162	94,2%	
Tschikapa	140	167	0	167	119,3%	
Total	2 565	1 731	783	2 514	98.0%	



Sources: basemap RGC (Référentiel Géographique commun de la RDC), DTM assessment DRC / TDH, I April — 20 April and 3 July — 31 July 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 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

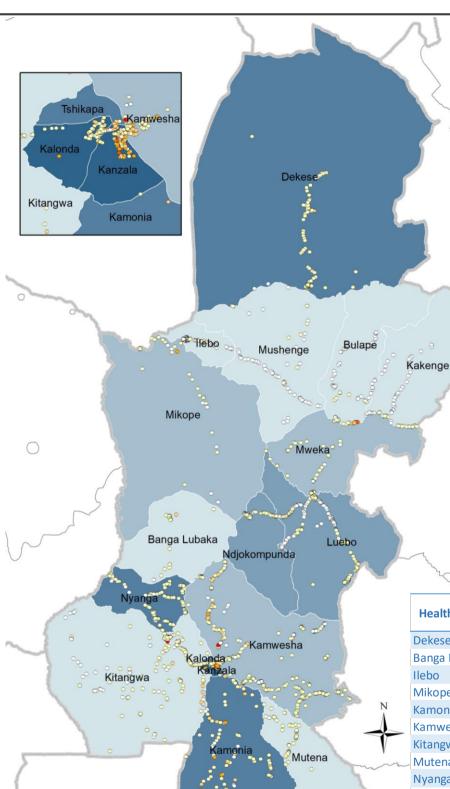
in Kasaï

<sup>\*</sup>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 Kasai

% of IDP / total population in Health zone

0,6% - 2,9% 3% - 6,6%

6,7% - 11,1%

11,2% - 17,2% 17,3% - 45,3%

### # IDP per village

0

1 - 560

561 - 1 260

1 261 - 2 600

2 601 - 4 999

5 000 - 13 900

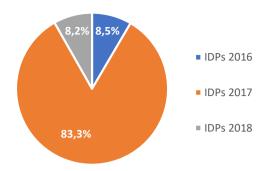
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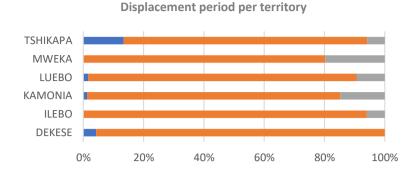
## IDPs in Kasaï

7			
Health Zone	# IDPs	% IDPs /Total IDP	% IDPs / Total HZ
Health Zone	# IDPS	population	Population
Dekese	25 955	6,0%	0,7%
Banga Lubaka	4 624	1,1%	0,1%
Ilebo	2 271	0,5%	0,1%
Mikope	5 542	1,3%	0,2%
Kamonia	47 118	11,0%	1,3%
Kamwesha	13 366	3,1%	0,4%
Kitangwa	5 798	1,4%	0,2%
Mutena	4 796	1,1%	0,1%
Nyanga	20 189	4,7%	0,6%
Luebo	19 193	4,5%	0,5%
Ndjoko Punda	9 513	2,2%	0,3%
Bulape	564	0,1%	0,0%
Kakenge	1 992	0,5%	0,1%
Mushenge	1 416	0,3%	0,0%
Mweka	14 363	3,3%	0,4%
Kalonda	112 893	26,3%	3,1%
Kanzala	85 426	19,9%	2,4%
Tschikapa	54 380	12,7%	1,5%
Total	420 200	100.09/	11 00/

Kalonda, Kanzala and Tschikapa health zones host most of the IDPs (26,3 %, 19,9% and 12,7 %, respectively). More over, Lunyanya, in Kanzala, is the health area that received the highest number of IDPs in the province (14,110), followed by Sami 2 and Tshikapa (in Kanzala) with 11,017 and 11,061 IDPs, respectively. In these areas, most of the IDPs arrived in 2017. The displaced population in Kasaï represents nearly 12 % of the total population in the province.

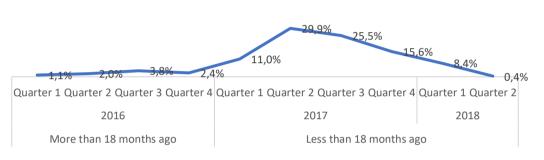
# Displacement period





In Kasaï, most of the households were displaced in 2017. Internal displacement movements during the first quarter of 2018 were mostly observed in Mweka territory (19,8 %). In Dekese territory, no IDPs has arrived since the beginning of 2018.

#### Displacement trends per year (Households)

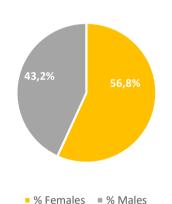


9,3 % of the housholds were displaced more than 18 months ago. Nearly 9 % of the households were displaced during the first quarters of 2018.

## IDPs profile\*

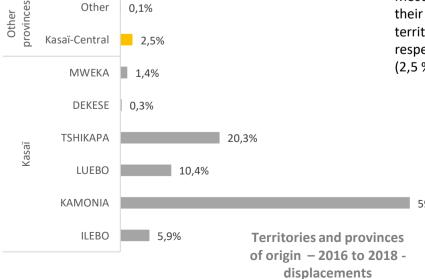
Gender and age	% IDPs
Females	56,8%
Males	43,2%
Children under 5	9,8%

On average, key informants estimated that women represent 56,8 % of the displaced population and that children under 5 represent approximately 9,2 % of the IDPs\*.

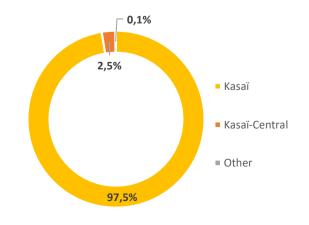


\*Data available for the territories evaluated during Round 2 only.

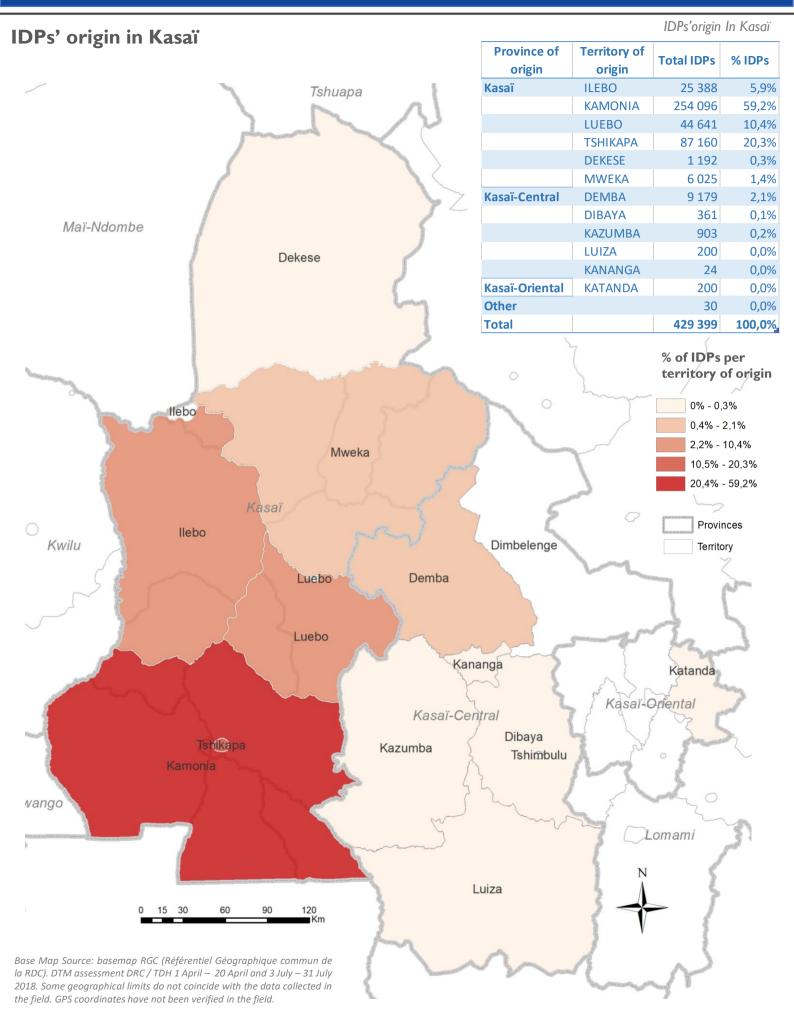
# Origin of the IDPs



Most of the IDPs used to live in the Kasaï province before their displacement (97,5 %). They mainly come from the territories of Kamonia and Tshikapa (59,2 % and 20,3 %, respectively). The other provinces of origin are Kasaï Central (2,5 %), and Kasaï Oriental (less than 1%).



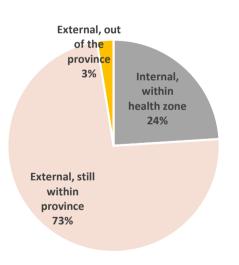






# Types of movement

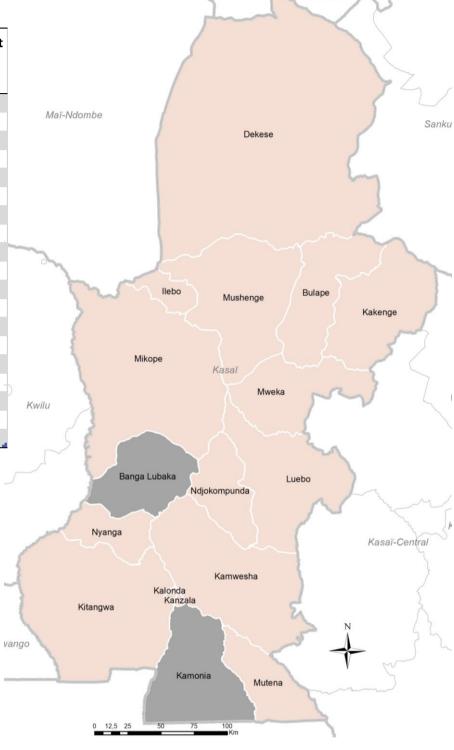
Health zone	Internal, within health zone	External, still within province	External, out of the province
Banga Lubaka	96%	4%	0%
Bulape	0%	100%	0%
Dekese	4%	95%	1%
Ilebo	2%	91%	8%
Kakenge	16%	72%	13%
Kalonda Ouest	32%	68%	0%
Kamonia	93%	7%	0%
Kamwesha	27%	72%	1%
Kanzala	2%	98%	0%
Kitangwa	12%	88%	0%
Luebo	34%	39%	27%
Mikope	0%	100%	0%
Mushenge	1%	99%	0%
Mutena	19%	81%	0%
Mweka	9%	87%	4%
Ndjoko Punda	5%	53%	42%
Nyanga	3%	97%	0%
Tschikapa	3%	97%	0%
Mean	24%	73%	3%



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

IDPs mainly come from the same Health zone

Base Map Source: basemap RGC (Référentiel Géographique commun de la RDC). DTM assessment DRC / TDH 1 April — 20 April and 3 July — 31 July 2018. Some geographical limits do not coincide with the data collected in the field. GPS coordinates have not been verified in the field.



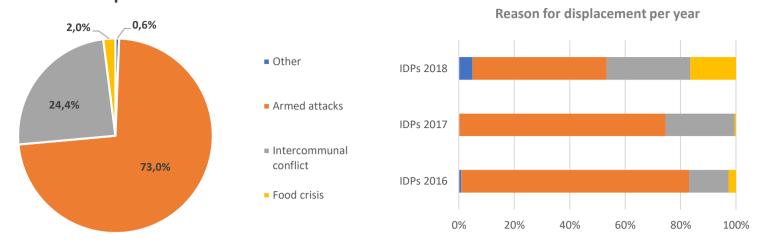
Tshuapa

At the level of the health zones, data indicates that most of the displacements occured between the health zones of the province (73 %) — in other words, IDPs mostly left their health zone of origin without leaving the province when they were displaced.

In Kamonia, where around 11 % of the IDPs were identified, displacement movements mainly occured within the health zone. Nearly 42 % of the IDPs who arrived in Ndjoko Punda came from a neighbouring province. Most of them arrived from Demba territory, in Kasaï 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.



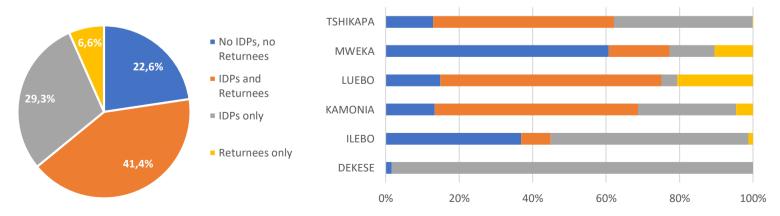
## Reasons for displacement



According to the data collected, most of the individuals were displaced in 2016, in 2017 and 2018 because of armed attacks (73 % on average). It is worth noting that, the number of individuals fleeing because of intercommunal conflicts increased from 5,155 to 89,066 between 2016 and 2017 and this figure fell to 10,683 in 2018. Since 2016, around 8,610 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
Other	296	0,8%	607	0,2%	1 722	4,9%	2 625	0,6%
Armed attacks	29 864	82,3%	266 304	74,4%	17 092	48,4%	313 260	73,0%
Intercommunal conflict	5 155	14,2%	89 066	24,9%	10 683	30,2%	104 904	24,4%
Food crisis	990	2,7%	1 794	0,5%	5 826	16,5%	8 610	2,0%
Total	36 305	100,0%	357 771	100,0%	35 323	100,0%	429 399	100,0%

## Presence of IDPs and Returnees in villages



Presence of IDPs and Returnees in the villages per territory

Aproximately 22,6 % of the villages assessed in Kasaï have not been affected by internal displacement and do not host IDPs nor Returnees (569 villages). Moreover, at the level of the province, there are both IDPs and Returnees in 41,4 % of the villages. The presence of both IDPs and returnees has been reported in 89 % of the villages assessed in Kamonia health zone and in 96,6% of the villages in Mutena health zone. In Mushenge and Bulape HZ, around 84 % of the villages neither host IDPs or returnees.



# Returnees



Trectain movements and demography						
Health zone	# Returnees	% Returnees / Total returnees	% Returnees /			
Dekese	0	0,0%	0,0%			
Banga Lubaka	8 443	1,2%	0,2%			
Ilebo	10	0,0%	0,0%			
Mikope	112	0,0%	0,0%			
Kamonia	107 954	15,6%	3,0%			
Kamwesha	196 991	28,5%	5,4%			
Kitangwa	601	0,1%	0,0%			
Mutena	126 239	18,2%	3,5%			
Nyanga	347	0,1%	0,0%			
Luebo	103 290	14,9%	2,9%			
Ndjoko Punda	16 880	2,4%	0,5%			
Bulape	1 118	0,2%	0,0%			
Kakenge	4 273	0,6%	0,1%			
Mushenge	557	0,1%	0,0%			
Mweka	1 513	0,2%	0,0%			
Kalonda	85 405	12,3%	2,4%			
Kanzala	23 233	3,4%	0,6%			
Tschikapa	15 243	2,2%	0,4%			
Total	692 209	100,0%	19,1%			

Return movements and demography

Returnees in Kasaï

# % Returnees / Health Zone population



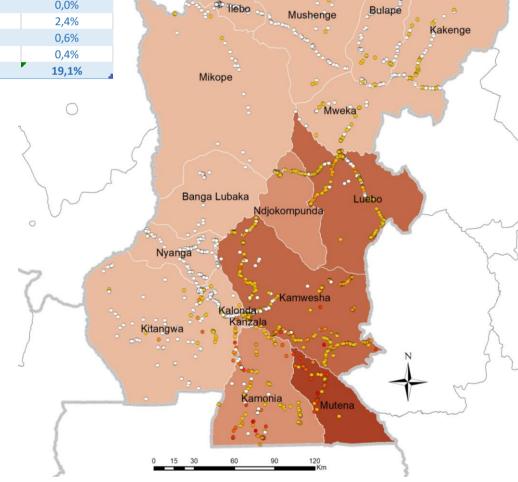
0,1% - 12,3%

12,4% - 31,6%

31,7% - 60,7% 60,8% - 75,5%

# # Returnees per Village

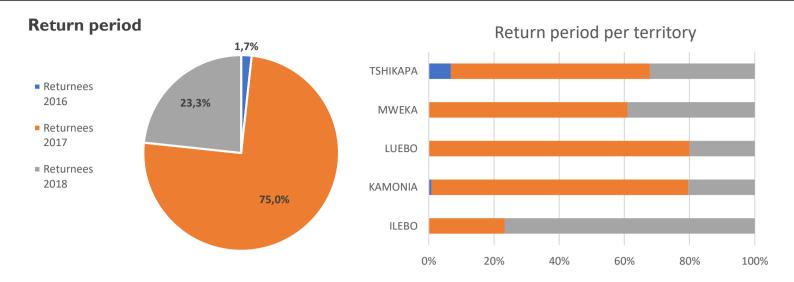
- 0
- 1 585
- 586 1 257
- 1 258 2 530
- 2 531 4 600
- 4 601 8 000



Dekese

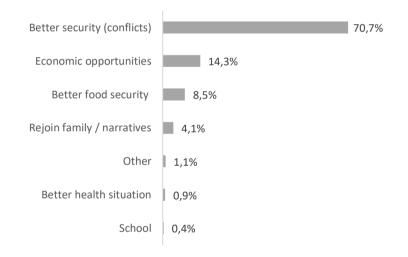
Base Map Source: basemap RGC (Référentiel Géographique commun de la RDC). DPS population estimates 2018. DTM assessment DRC / TDH 1 April — 20 April and 3 July — 31 July 2018. This map is for illustration purposes only Some geographical limits do not coincide with the data collected in the field. GPS coordinates have not been verified in the field.

Kamwesha and Kamonia are the main returning areas where around 44 % of the return movements occurred. In total, 692,209 indivuals have returned to their area of origin since 2016 and are no longer counted as IDPs. This returnee population represents 19,1% of the total population in the province. In Dekese, no returnees were identified during these two rounds of data collection.



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 Ilebo – where nearly 76 % of the return movements have occured in 2018.

#### **Reasons for Return movements**



The data collected indicates that 70,7 % of the returnees went back to their area of origin because the security situation had improved. Around 14 % of the returnees declared that they came back home because of economic opportunities. These return drivers have been stagnating since 2016.

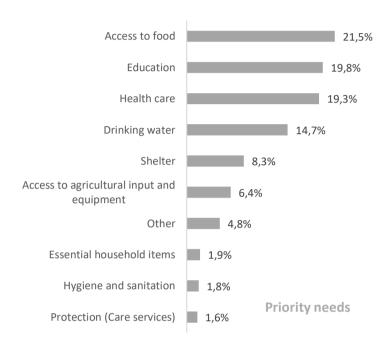
Field reports indicate that in general, lack of shelters in the villages of origin (houses destroyed), lack of access to lands, security check-points and food crisis were the main obstacles preventing IDPs to return to their places of origin.

Return drivers	# Returnees 2016	% Returnees 2016	# Returnees 2017	% Returnees 2017	# Returnees 2018	% Returnees 2018	Total	% Total
Better food security	420	3,5%	37 397	7,2%	20 934	13,0%	58 751	8,5%
Other	628	5,3%	3 729	0,7%	3 314	2,1%	7 671	1,1%
Better security (conflicts)	6 044	50,6%	396 498	76,4%	86 627	53,7%	489 169	70,7%
Economic opportunities	4 587	38,4%	66 767	12,9%	27 792	17,2%	99 146	14,3%
School	65	0,5%	1 939	0,4%	753	0,5%	2 757	0,4%
Better health situation	0	0,0%	4036	0,8%	2464	1,5%	6 500	0,9%
Rejoin family / narratives	201	1,7%	8 520	1,6%	19 494	12,1%	28 215	4,1%
Total	11 945	100,0%	518 886	100,0%	161 378	100,0%	692 209	100,0%

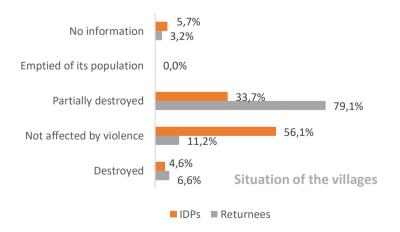


### Infrastructures and priority needs

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 45,8 % of the villages assessed. In Ndjoko Punda and Kalonda health zones, this rate reaches 21,1 % and 25,1 %, respectively. Furthermore, on average, 52 % of the villages evaluated contained an operational school and 34,6 % of the villages had an operational police antenna. According to field reports, access to health care, food and shelter remains insufficient in many affected areas.\*

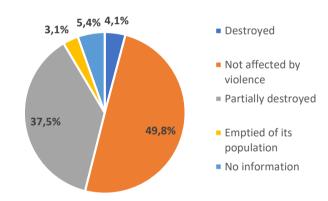


Internally displaced persons and returnees had been seeking relatively safer places after having fled — this situation is reflected in the data collected that shows that 49,8 % of all the villages that were evaluated were not affected by violence. However, 37,5 % of the villages were partially destroyed. Most of those villages are located in Luebo and Kamwesha health zones.



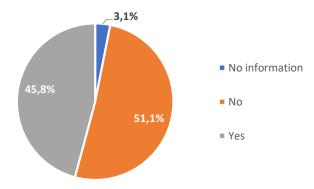
The majority of the villages, which corresponds to 51,1 %, does not have access to an operational health structure, either health post, health center or general hospital. These rates are particularly high in Ndjoko Punda, Luebo and Kalonda (78,1 %, 75,6 % and 70,6 %, respectively).

In 21,5 % of the villages, access to food was raised as a priority need. In Mutena health zone, access to food was a priority for 66 % of the villages on average and in Kanzala health zone, access to food, education and drinking water were reported as the main needs for most of the key informants (44,6 %, 18 % and 14 %, respectively). Field observations indicate that both displaced and returned population were mostly living in very fragile shelters.



Situation of the villages

More precisely, respectively 79 % of the returnees and 33,7 % of the IDPs were living in villages that were partially destroyed whereas 56,1 % of the IDPs and 11,2 % of the Returnees were living in villages that were not destroyed.



Access to operational health infrastructure in the villages

<sup>\*</sup> For more information, please contact us directly.



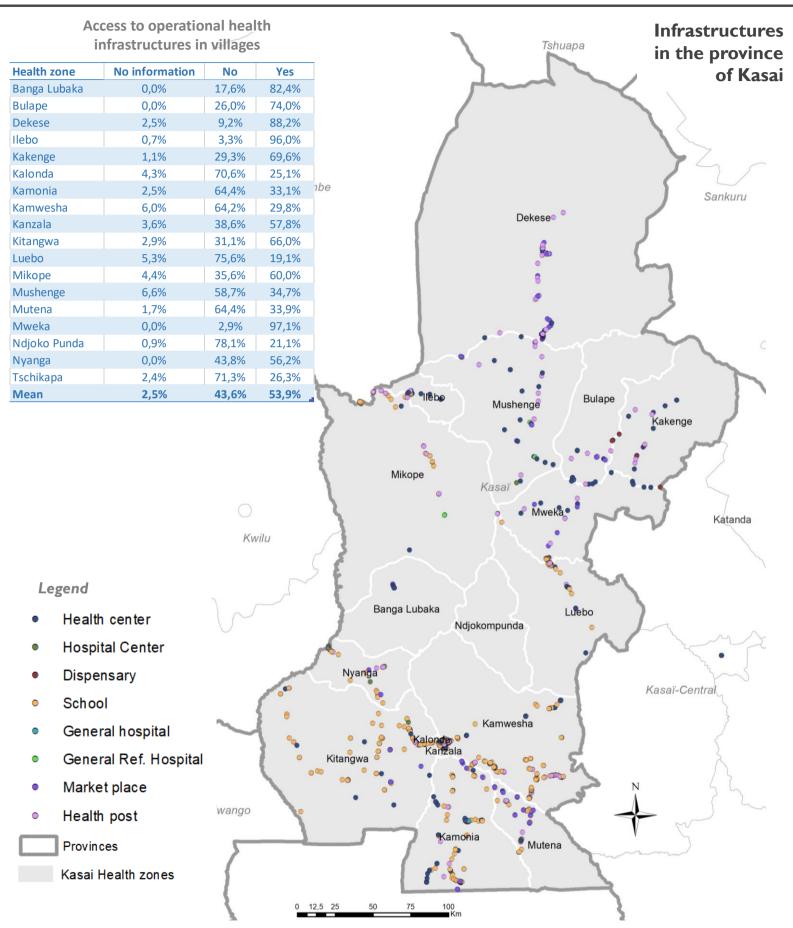
## Displacement pressure The graph below shows the distribution of the villages according to a specific displacement pressure indicator. This indicator rates the villages from 1 to 10, 1 being the villages in the less critical situation, 10 the villages in the most critical one. This specific methology combines, on one hand, demographic data (rate of IDP and returnee population per village, corresponding health zone population density, Sankuru presence of both IDPs and returnees in the same village) and Dekese 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 586 villages with a rate higher than 2 and for which the situation remains critical: 146 of these villages are located in Kamwesha health zone, 131 in Luebo, 107 in Kalonda and 85 in Kamonia. Villages per category 786 566 569 Kakenge Mikope Kasaï Demostathic data net available Katanda Banga Lubaka Ndjokompunda # IDPs per health zone 564 - 2 271 Nyanga Kasaï-Central 2 272 - 9 513 9 514 - 25 955 **Displacement** Kamwesha 25 956 - 54 380 pressure 54 381 - 112 893 Kitangwa indicator per village # Villages per category Demographic data not available go No IDP, no returnees Mutena [0,2-1]]1 - 2]

Base Map Source: basemap RGC (Référentiel Géographique commun de la RDC). DPS population estimates 2018. DTM assessment DRC / TDH 1 April — 20 April and 3 July — 31 July 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.

]2 - 3] ]3 - 4] ]4 - 5] ]5 - 6]

]6 - 7]

<sup>\*</sup> Details on the calculation methodology are available upon request



Base Map Source: basemap RGC (Référentiel Géographique commun de la RDC). DPS population estimates 2018. DTM assessment DRC / TDH 1 April - 20 April and 3 July - 31 July 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.