



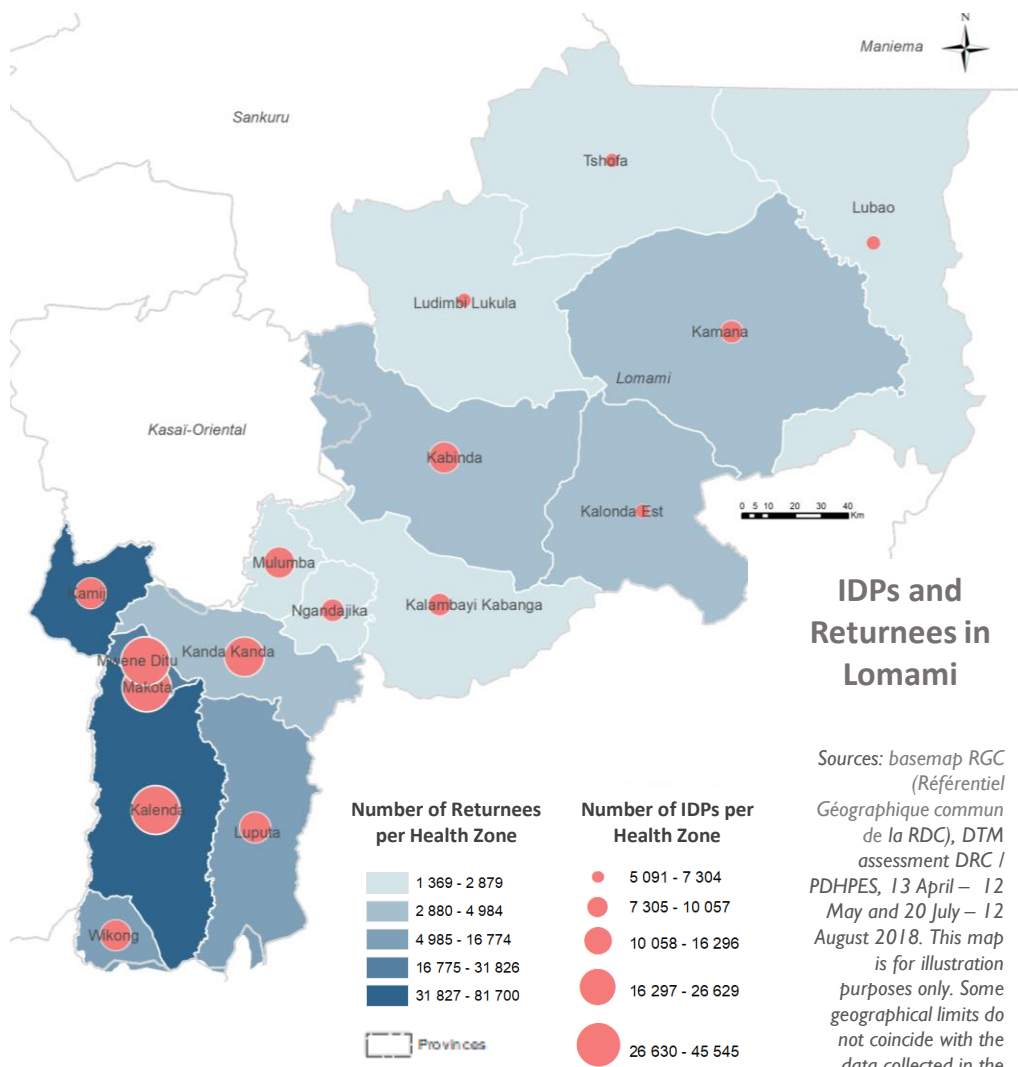
Forced displacement and Return movements in Lomami - Assessment Report

As a response to the humanitarian crisis that is currently affecting the **Democratic Republic of Congo**, the International Organization for Migration 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 province of **Lomami** from 13 April to 12 May 2018 and from 20 July to 12 August 2018 within **315** health areas, covering in total **16** health zones in this province. Among the 2,684 villages assessed during Round 1, **1,135** villages were re-evaluated by field teams during Round 2. For these villages, new displacement and return movements were reported. The information provided in this report relates to population movements that occurred in 2016, 2017 and during the first two quarters of 2018. This information includes the most recent and available data on the **2,847** villages that were assessed between April and August 2018 in this province.

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 province of Lomami and collected data through key informant interviews. For these assessments, a total **9,477** key informants were interviewed by IOM's partner PDHPES, in collaboration with the DPS (Division Provinciale de la Santé).

In general, most of the IDPs in the province were identified in **Mwene Ditu** and **Kalanda** (16,4 % and 15,4 %, respectively). The greatest number of returnees that were reported through these assessments were identified in **Kalanda** and **Kamiji** (29,3 % and 29,1%, respectively). Results show that armed attacks have been the main reason for displacement since 2016 (52 % on average). Field observations highlighted that returnees and IDPs generally live in extreme conditions.



IDPs and Returnees in Lomami

Sources: basemap RGC (Référentiel Géographique commun de la RDC), DTM assessment DRC / PDHPES, 13 April – 12 May and 20 July – 12 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.



Villages Assessed



Key Informants*



IDPs**

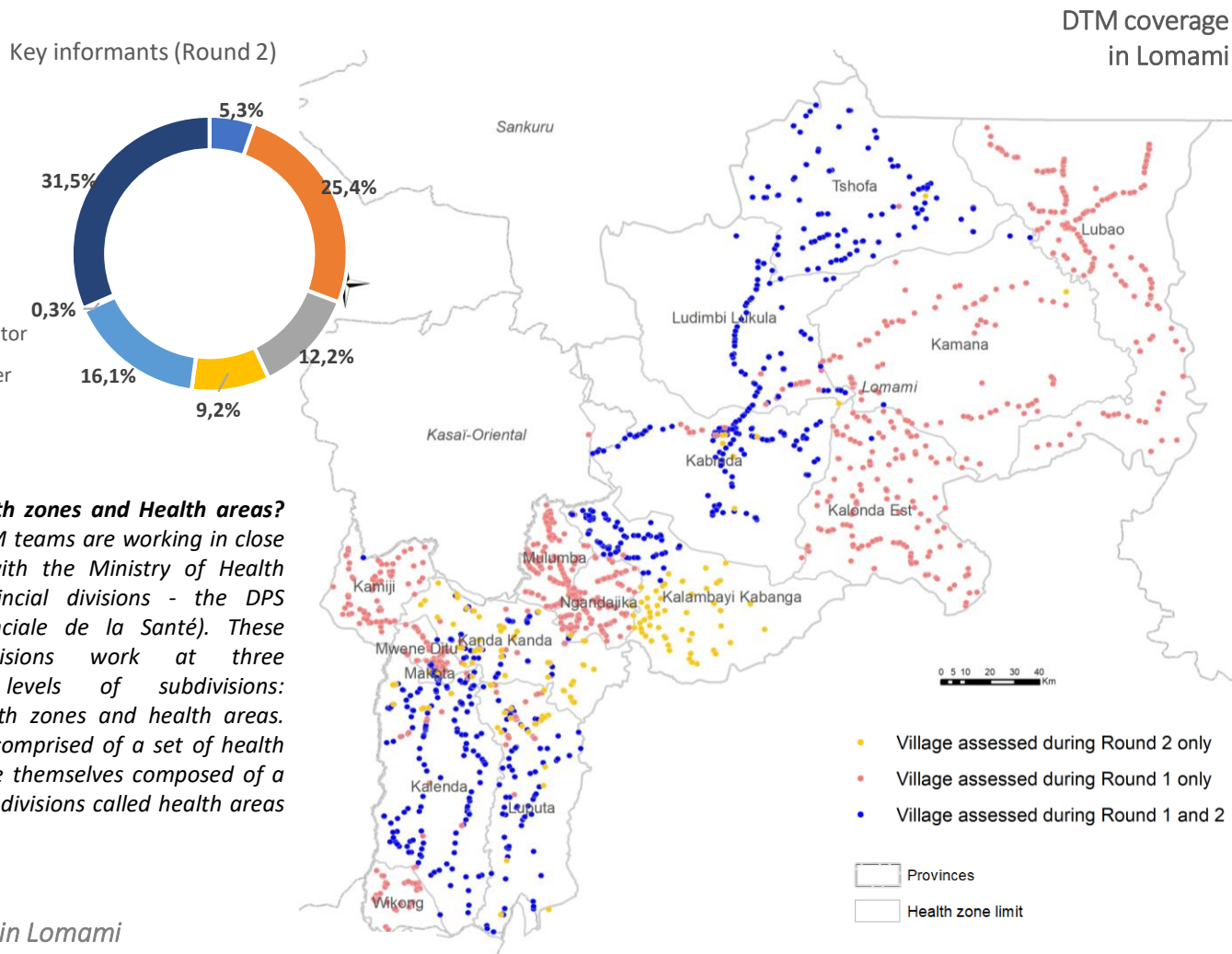


Returnees**

* Some of these key informants were interviewed twice: a first time during Round 1 and a second time during Round 2.
 ** Estimates - The results presented in this report are based on estimates provided by key informants in each village.

Methodology and geographic coverage

DTM assessments were conducted in the 16 health zones comprised in the province of Lomami. Within these zones, nearly all the villages reported by the health provincial division (DPS) were evaluated (2,847). Logistical and security restrictions limited the coverage of Kiasame health area, in Ludimbi Lukula health zone. While during Round 1, bridges and roads were missing preventing the teams from reaching every villages, the situation had improved a few months later when floodwaters receded. Indeed, during Round 2 field teams could reach 163 additional villages which they could not assess during Round 1. The GPS coordinates of the majority of these new villages were recorded.*



What are Health zones and Health areas?
 In DRC, the DTM teams are working in close collaboration with the Ministry of Health and its provincial divisions - the DPS (Division Provinciale de la Santé). These provincial divisions work at three geographical levels of subdivisions: territories, health zones and health areas. 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 Lomami

Health Zone	Number of Villages (DPS)	All villages assessed DTM	Villages assessed Round 1 only	Villages assessed - during both Round 1 and 2	Villages assessed - Round 2 only	All villages assessed during Round 2	Total Coverage (R1 & R2)
KABINDA	266	279	272	206	7	213	104,9%
KALONDA EST	169	160	160	0	0	0	94,7%
LUDIMBI LUKULA	218	221	219	172	2	174	101,4%
KAMIJI	73	91	91	0	0	0	124,7%
KAMANA	170	180	180	0	0	0	105,9%
LUBAO	254	261	261	0	0	0	102,8%
TSHOFA	129	129	127	126	2	128	100,0%
KALENDA	184	187	177	165	10	175	101,6%
KANDA KANDA	233	238	179	151	59	210	102,1%
LUPUTA	150	158	139	99	19	118	105,3%
WIKONG	69	71	71	0	0	0	102,9%
MAKOTA	93	96	94	91	2	93	103,2%
MWENE-DITU	195	201	201	0	0	0	103,1%
KALAMBAYI KABANGA	206	210	148	125	62	187	101,9%
MULUMBA	165	179	179	0	0	0	108,5%
NGANDAJIKA	108	186	186	0	0	0	172,2%
Total	2682	2847	2684	1135	163	1298	106,2%

Sources: basemap RGC (Référentiel Géographique commun de la RDC), DTM assessment DRC / PDHPES, 13 April – 12 May and 20 July – 12 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.

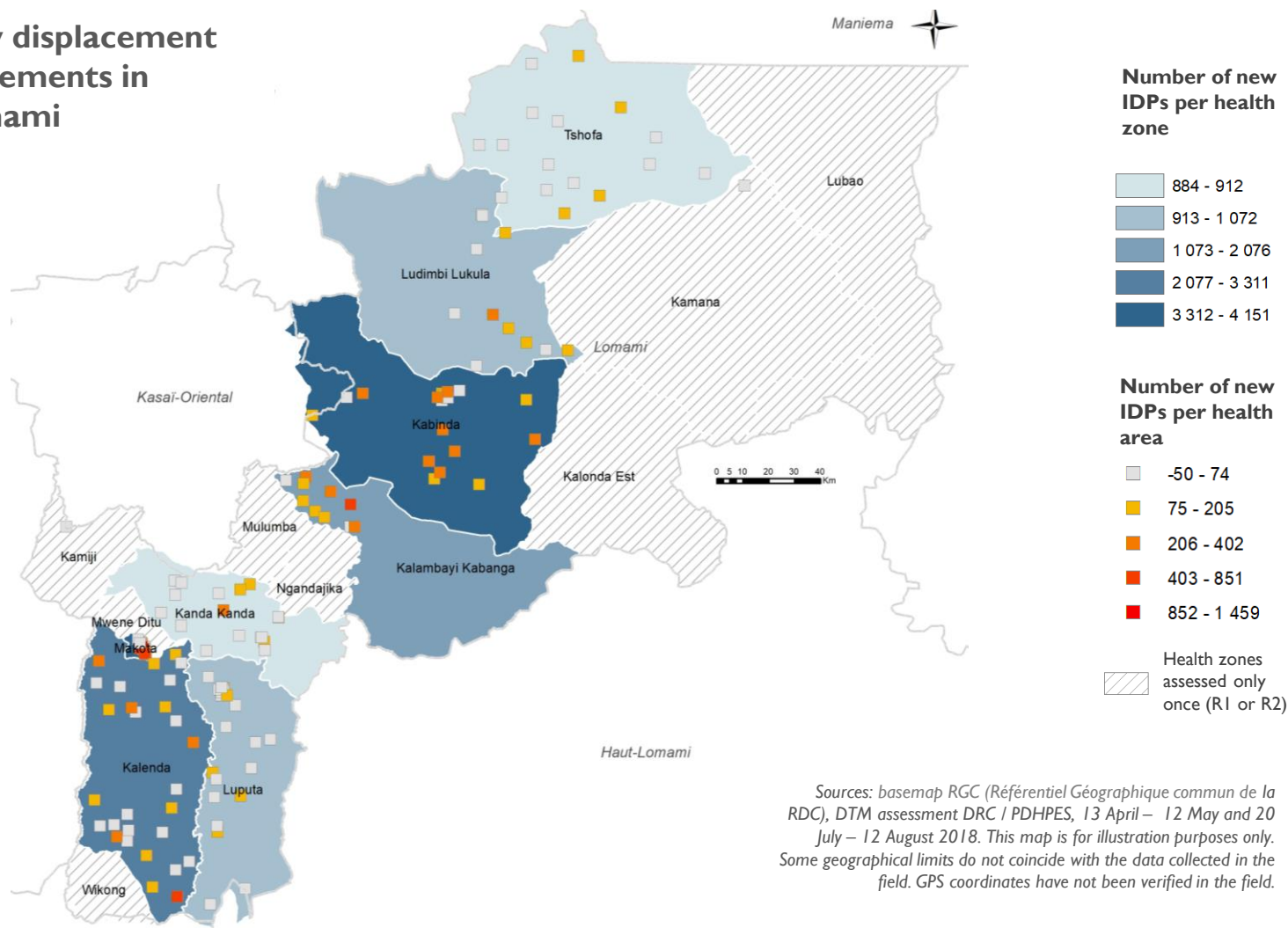
For some villages, the rate is higher than 100%: this is explained by the fact that new villages have been found in the field, those villages were not recorded in the list provided by the DPS.

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

Variation between Round 1 and Round 2



New displacement movements in Lomami

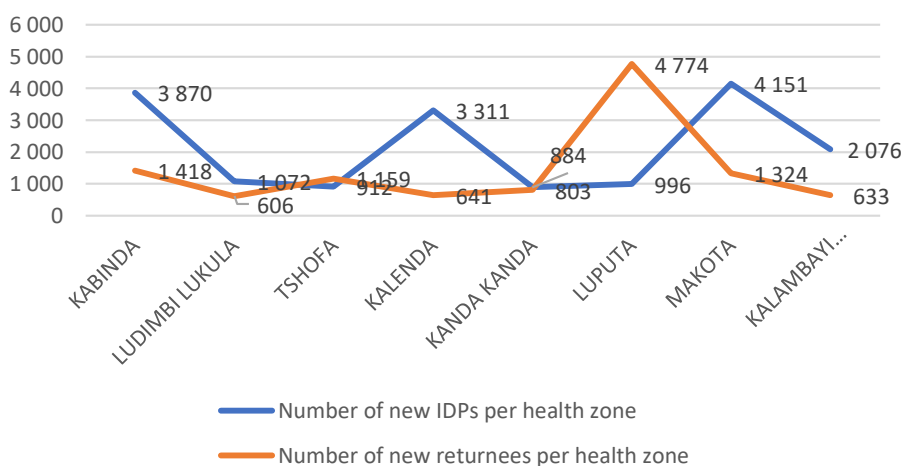


DTM coverage in the province of Lomami and main results

	All villages assessed Round 1	Villages assessed during Round 1 only	Villages assessed both during Round 1 and Round 2	Villages assessed during Round 2 only	Results all villages (Round 1 and Round 2)
Number of villages	2 684	1 549	1 135	163	2 847
Number of IDPs Round 1	252 918	129 754	123 164	-	252 918
Number of IDPs Round 2	-	-	140 436	7 485	277 675
Variation Round 1 / Round 2 (IDPs)	-	-	17 272 (+ 14 %)	-	24 757
Number of Returnees Round 1	266 575	159 091	107 484	-	266 575
Number of Returnees Round 2	-	-	118 842	1 216	279 149
Variation Round 1 / Round 2 (Returnees)	-	-	11 358 (+ 10,5 %)	-	12 574

In total, **1 135** villages were assessed during both rounds of data collection. These two assessments enable us to compare the displacement movements between these two periods in these specific areas: **17,272** new IDPs arrived in these 1,135 villages between the 12 May and 12 August 2018. Makota and Kalenda health zones received most of these IDPs with 4,151 and 3,311 new arrivals, respectively. In particular, Mulanza health area, in Makota, received 1,459 new IDPs during this period. Moreover, **11, 358** individuals have returned to their village of origin since May 2018, which represents an increase of 10,5 % in the total number of returnees.

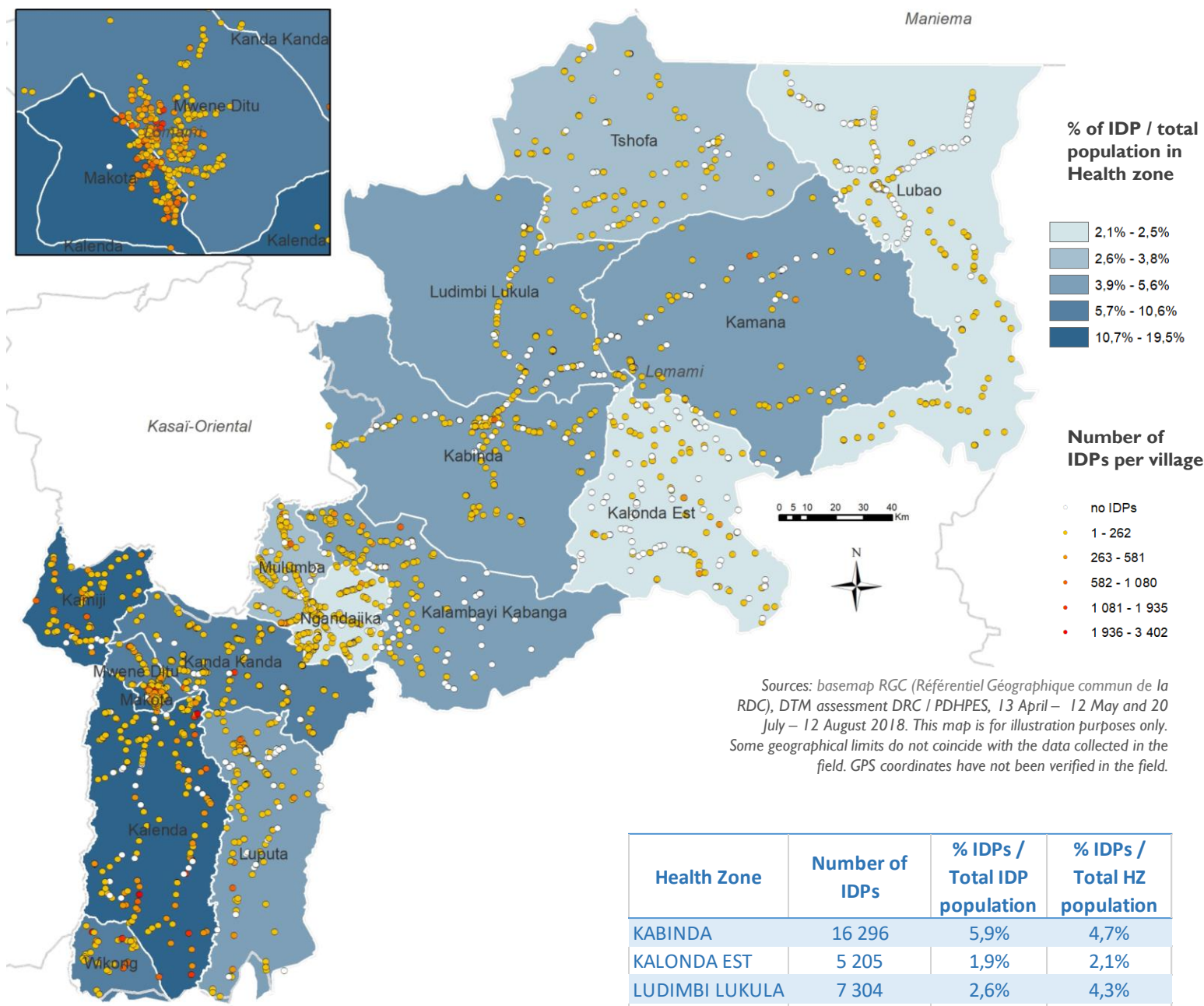
New IDPs and returnees in Health zones



Displaced persons



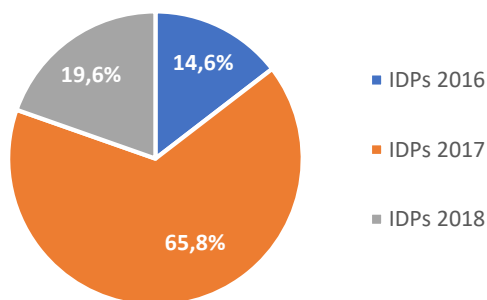
Forced displacement and demography in Lomami



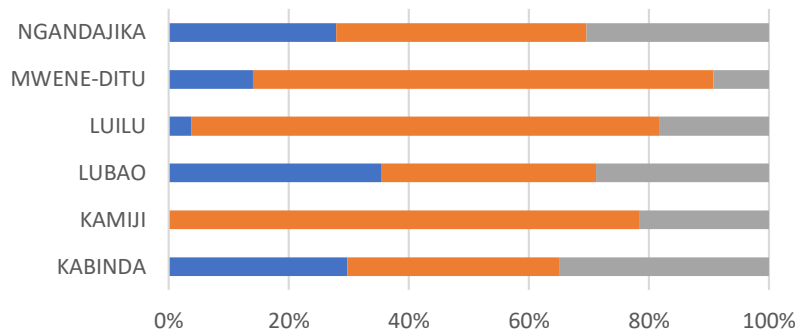
Mwene Ditu and Kalenda health zones host most of the IDPs (16,4 % and 15,4 %, respectively). Moreover, Cim, in Mwene-Ditu, is the health area that received the highest number of IDPs in the province (8,111), followed by Tshilomba, in Kalenda, with 5,974 IDPs. In these areas, most of the IDPs arrived in 2017. The displaced population in Lomami represents nearly 14,2 % of the total population in the province. In Kalenda, IDPs represent 19,5 % of the total population of the health zone.

Health Zone	Number of IDPs	% IDPs / Total IDP population	% IDPs / Total HZ population
KABINDA	16 296	5,9%	4,7%
KALONDA EST	5 205	1,9%	2,1%
LUDIMBI LUKULA	7 304	2,6%	4,3%
KAMIJI	16 073	5,8%	14,9%
KAMANA	10 037	3,6%	4,7%
LUBAO	5 091	1,8%	2,2%
TSHOFA	5 209	1,9%	3,4%
KALENDA	42 669	15,4%	19,5%
KANDA KANDA	26 629	9,6%	10,6%
LUPUTA	16 287	5,9%	5,6%
WIKONG	13 673	4,9%	10,6%
MAKOTA	36 051	13,0%	14,1%
MWENE-DITU	45 545	16,4%	10,4%
KALAMBAYI KABA	10 057	3,6%	4,6%
MULUMBA	13 116	4,7%	3,8%
NGANDAIJKA	8 433	3,0%	2,5%
Total	277 675	100,0%	14,2%

Displacement period



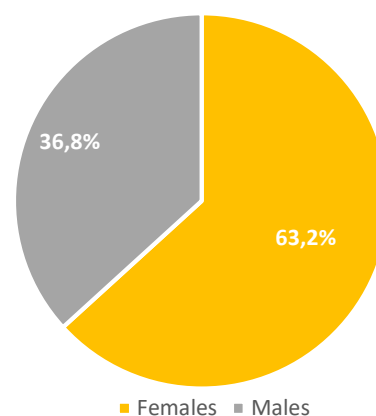
Displacement period per territory



In Lomami, most of the households were displaced in 2017. Internal displacement movements during the first two quarters of 2018 were mostly observed in Kabinda and Ngandajika territories (34,8 % and 30,4 %). In Luilu territory, 18,064 IDPs arrived since the beginning of 2018 whereas they were 76,979 in 2017.

IDPs profile*

Gender and age	% IDPs
Females	63,2%
Males	36,8%
Children under 5	26,8%

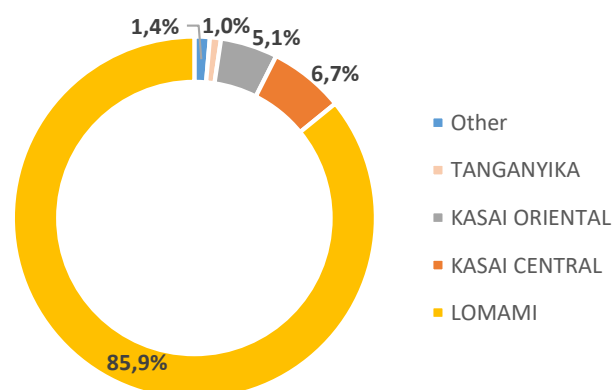
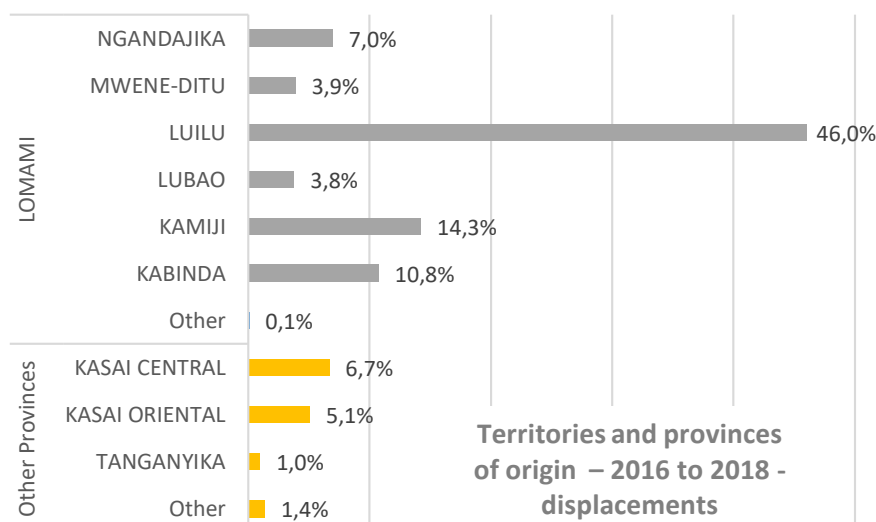


*Data available for the territories evaluated during Round 2 only.

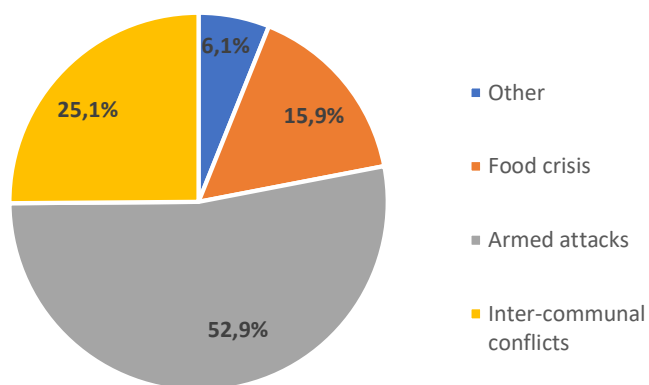
On average, key informants estimated that women represent 63,2 % of the displaced population and that children under 5 represent approximately 26,8 % of the IDPs*.

Origin of the IDPs

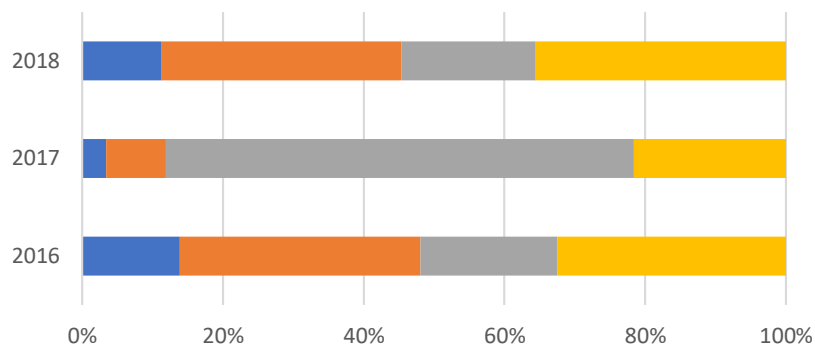
Most of the IDPs used to live in the province of Lomami before their displacement (85,9 %). They mainly come from the territories of Luilu and Kamiji (46 % and 14,3 %, respectively). The other provinces of origin are Kasai Central (6,7 %), Kasai Oriental (5,1%) and Tanganyika (1%).



Reasons for displacement



Reason for displacement per year

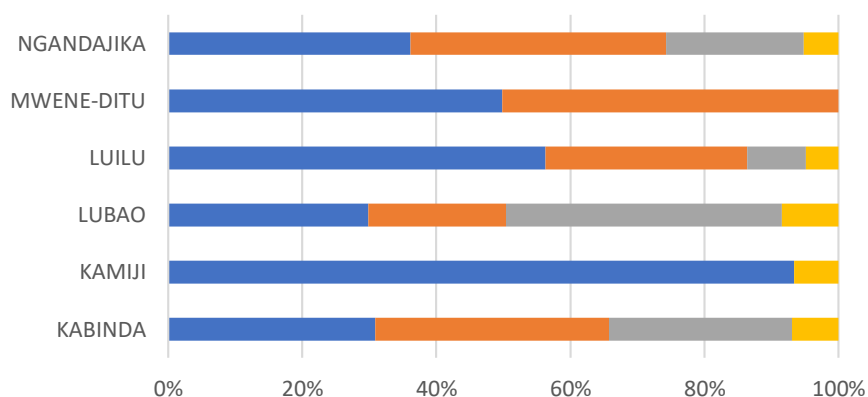
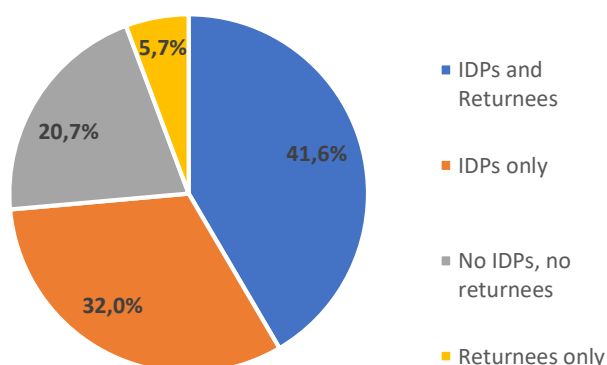


According to the data collected, most of the households were displaced in 2016, in 2017 and 2018 because of armed attacks (52,9 % on average). It is worth noting that, the number of households fleeing because of intercommunal conflicts increased from 2,513 to 7,409 between 2016 and 2017 and this figure fell to 2,193 in 2018. Since 2016, around 12,115 households have been forcibly displaced because of food crisis.

Reason for displacement	Number of HHs displaced in 2016	% of HHs displaced in 2016	Number of HHs displaced in 2017	% of HHs displaced in 2017	Number of HHs displaced in 2018	% of HHs displaced in 2018	Total	% Total
Other	1 073	13,9%	1 156	3,4%	696	11,3%	2 925	6,1%
Food crisis	2 650	34,2%	2 920	8,5%	2 103	34,1%	7 673	15,9%
Armed attacks	1 511	19,5%	22 833	66,5%	1 180	19,1%	25 524	52,9%
Inter-communal conflicts	2 513	32,4%	7 409	21,6%	2 193	35,5%	12 115	25,1%
Total	7 747	100,0%	34 318	100,0%	6 172	100,0%	48 237	100,0%

Reason for displacement per year (households)

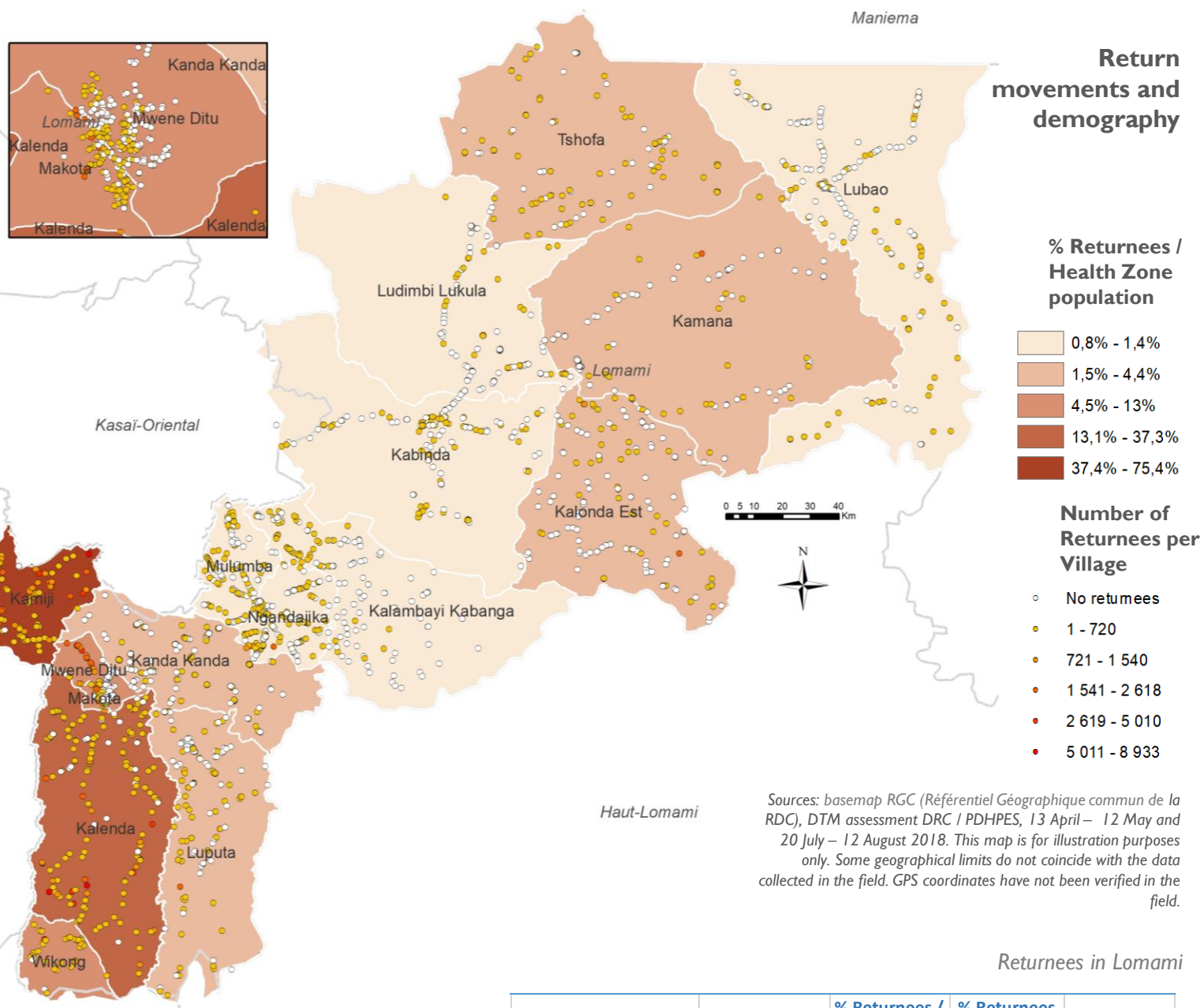
Presence of IDPs and Returnees in villages



Presence of IDPs and Returnees in the villages per territory

Approximately 20,7 % of the villages assessed in Lomami have not been affected by internal displacement and do not host IDPs nor Returnees (590 villages). Moreover, at the level of the province, there are both IDPs and Returnees in 41,5 % of the villages. The presence of both IDPs and returnees has been reported in 93,4 % of the villages assessed in Kamiji health zone and in 81,7 % of the villages in Wikong health zone. In Kamana and Kalonda Est HZ, around 50 % of the villages neither host IDPs or returnees.

Returns

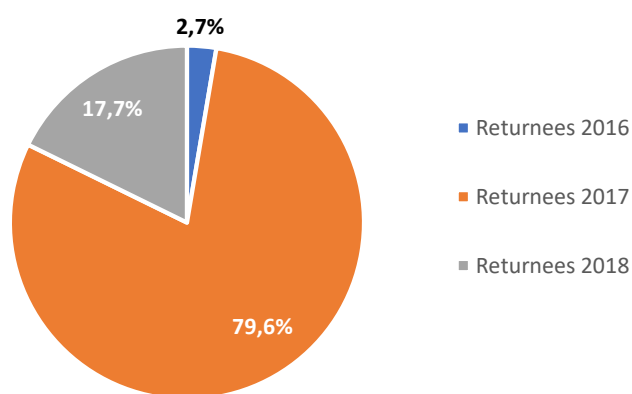


Kalenda and **Kamiji** are the main returning areas where around 58 % of the return movements occurred. In total, 279,149 individuals have returned to their area of origin since 2016 in the province of Lomami and are no longer counted as IDPs. This returnee population represents 7,1 % of the total population in the province. In Kamiji, the returnees represent 75,4 % of the total population in the health zone. This rate drops down to 37,3 % in Kalenda health zone.

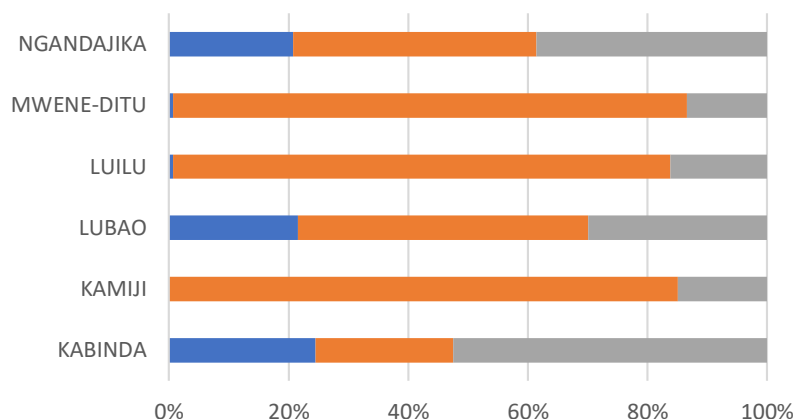
Returns in Lomami

Health Zone	Number of Returnees	% Returnees / Total returnees	% Returnees / Total HZ population	Population (DPS est.)
KABINDA	4 713	1,7%	1,4%	347 884
KALONDA EST	4 984	1,8%	2,0%	251 675
LUDIMBI LUKULA	1 369	0,5%	0,8%	168 294
KAMIJI	81 099	29,1%	75,4%	107 513
KAMANA	4 874	1,7%	2,3%	211 692
LUBAO	2 262	0,8%	1,0%	228 717
TSHOFA	2 748	1,0%	1,8%	151 973
KALENDA	81 700	29,3%	37,3%	219 122
KANDA KANDA	4 271	1,5%	1,7%	250 735
LUPUTA	12 604	4,5%	4,4%	289 382
WIKONG	16 774	6,0%	13,0%	129 073
MAKOTA	22 736	8,1%	8,9%	255 709
MWENE-DITU	31 826	11,4%	7,3%	436 532
KALAMBAYI KABANGA	1 796	0,6%	0,8%	217 353
MULUMBA	2 879	1,0%	0,8%	343 753
NGANDAJIKA	2 514	0,9%	0,8%	335 091
Total	279 149	100,0%	7,1%	3 944 498

Return period

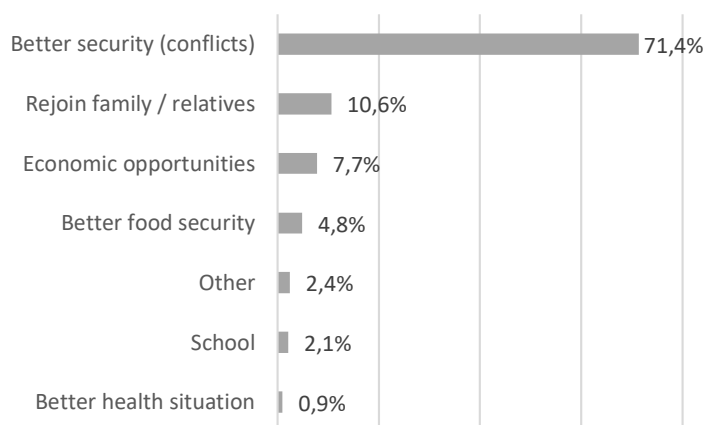


Return period per territory



The data collected indicates that most of the return movements occurred in 2017. Since the beginning of 2018, it is worth noting that all these territories have already received returnees especially in Kabinda – where nearly 52 % of the return movements have occurred in 2018.

Reasons for Return movements



The data collected indicates that 71,4 % of the households went back to their area of origin because the security situation had improved. Around 10,6 % of the returned households declared that they came back home for family reasons.

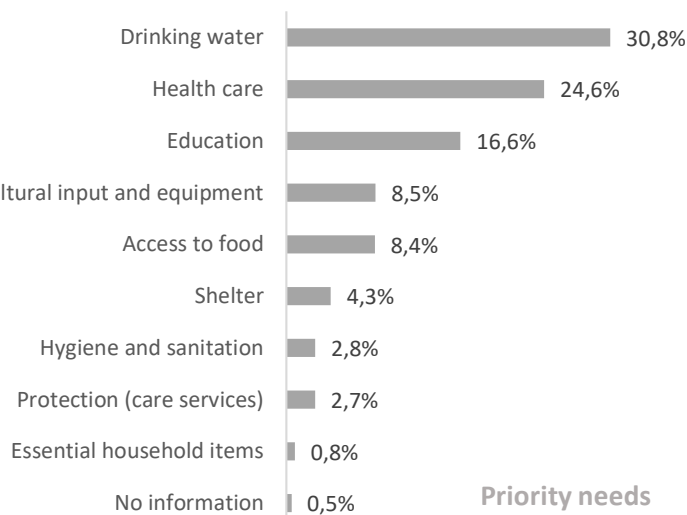
Field reports indicate that in general, lack of shelters in the villages of origin, lack of access to agricultural equipment, and lack of financial resources were the main needs met by returned households in Lomami.

Return drivers	Number of households returned in 2016	% of households returned in 2016	Number of households returned in 2017	% of households returned in 2017	Number of households returned in 2018	% of households returned in 2018	Total	% Total
Better food security	184	13,8%	1 143	2,8%	1 108	12,2%	2 435	4,8%
Other	22	1,7%	1 027	2,6%	175	1,9%	1 224	2,4%
Better security (conflicts)	351	26,4%	30 421	75,8%	5 284	58,3%	36 056	71,4%
Better health situation	98	7,4%	166	0,4%	210	2,3%	474	0,9%
Economic opportunities	281	21,1%	2 518	6,3%	1 115	12,3%	3 914	7,7%
School	8	0,6%	935	2,3%	96	1,1%	1 039	2,1%
Rejoin family / relatives	388	29,1%	3 914	9,8%	1 070	11,8%	5 372	10,6%
Total	1 332	100,0%	40 124	100,0%	9 058	100,0%	50 514	100,0%

Return drivers per year (households)

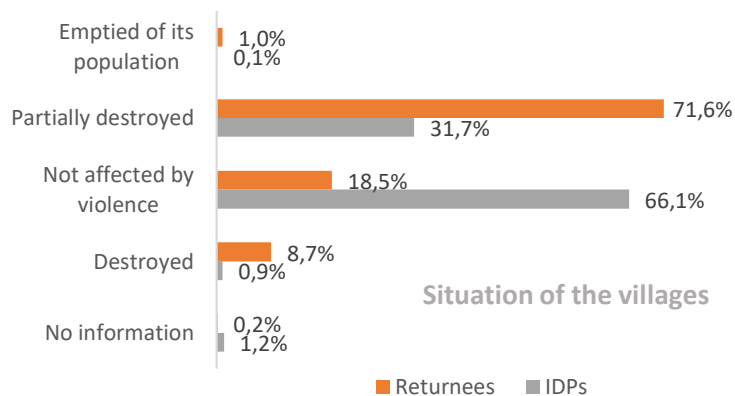
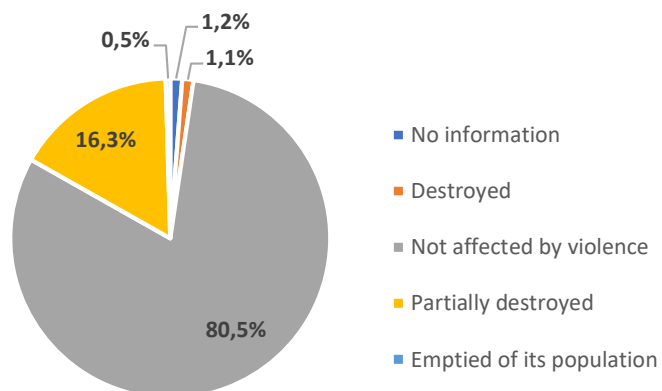
Infrastructures and priority needs

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 31,6 % of the villages assessed. In Kanda Kanda and Lubao health zones, this rate reaches 18 %. Furthermore, on average, 44,7 % of the villages evaluated contained an operational school and 10 % 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.*



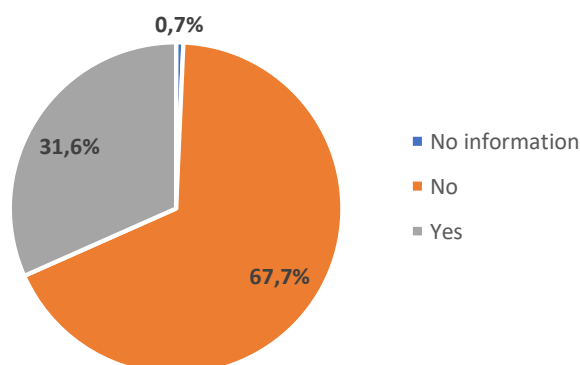
In 30,8 % of the villages, access to drinking water was raised as a priority need. In Kalenda health zone, access to health care was a priority for 40 % of the villages on average and in Mwene Ditu health zone, access to food was reported as the main needs for most of the key informants (42,7 %). Field observations indicate that Kanda Kanda and Kalenda health zones have important needs in terms of education as many school infrastructures were destroyed.

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 80,5 % of all the villages that were evaluated were not affected by violence. However, 16,3 % of the villages were partially destroyed. Most of those villages are located in Kalenda and Kamiji health zones.



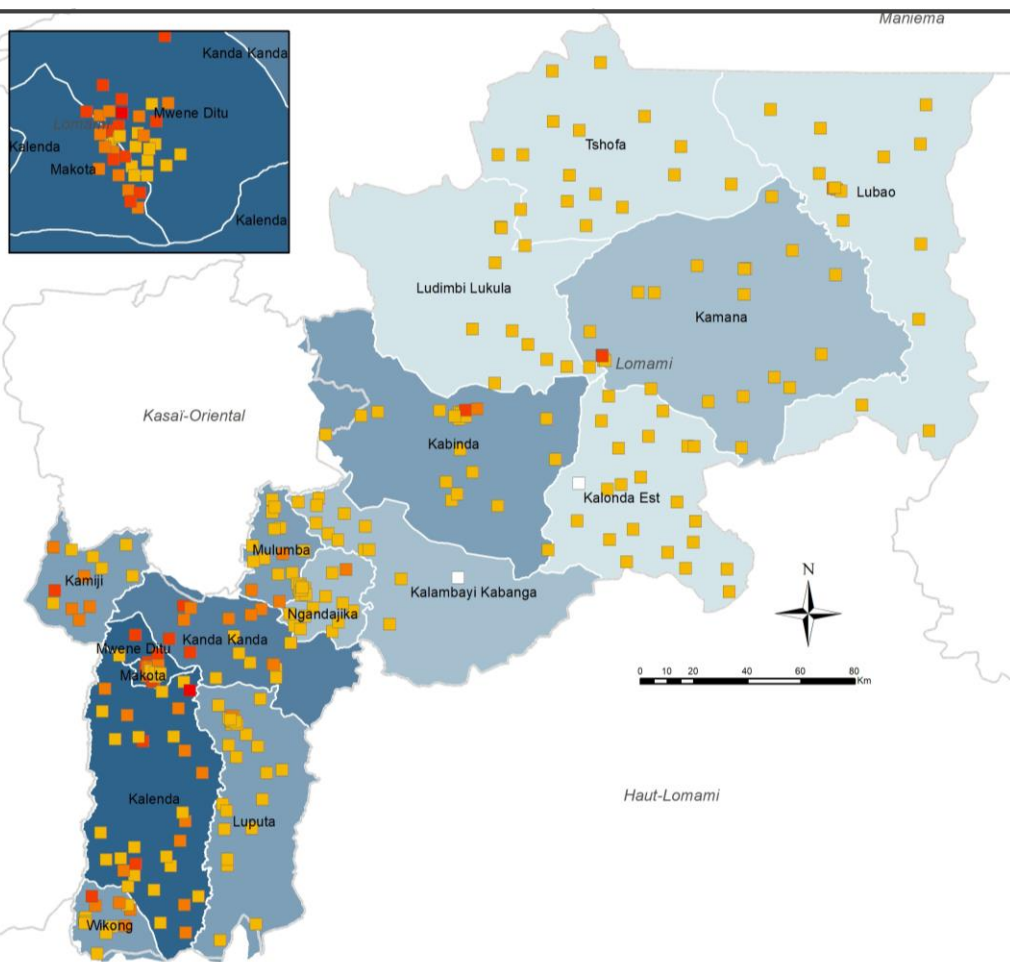
More precisely, respectively 71,6 % of the returnees and 31,7 % of the IDPs were living in villages that were partially destroyed whereas 66,1 % of the IDPs and 18,5 % of the Returnees were living in villages that were not destroyed.

The majority of the villages, which corresponds to 67,7 %, does not have access to an operational health structure, either health post, health center or general hospital. These rates are particularly high in Lubao, Kanda Kanda and Kamiji (81 %, 80,6 % and 80,2 %, respectively).



Access to operational health infrastructure in the villages

* For more information, please contact us directly.



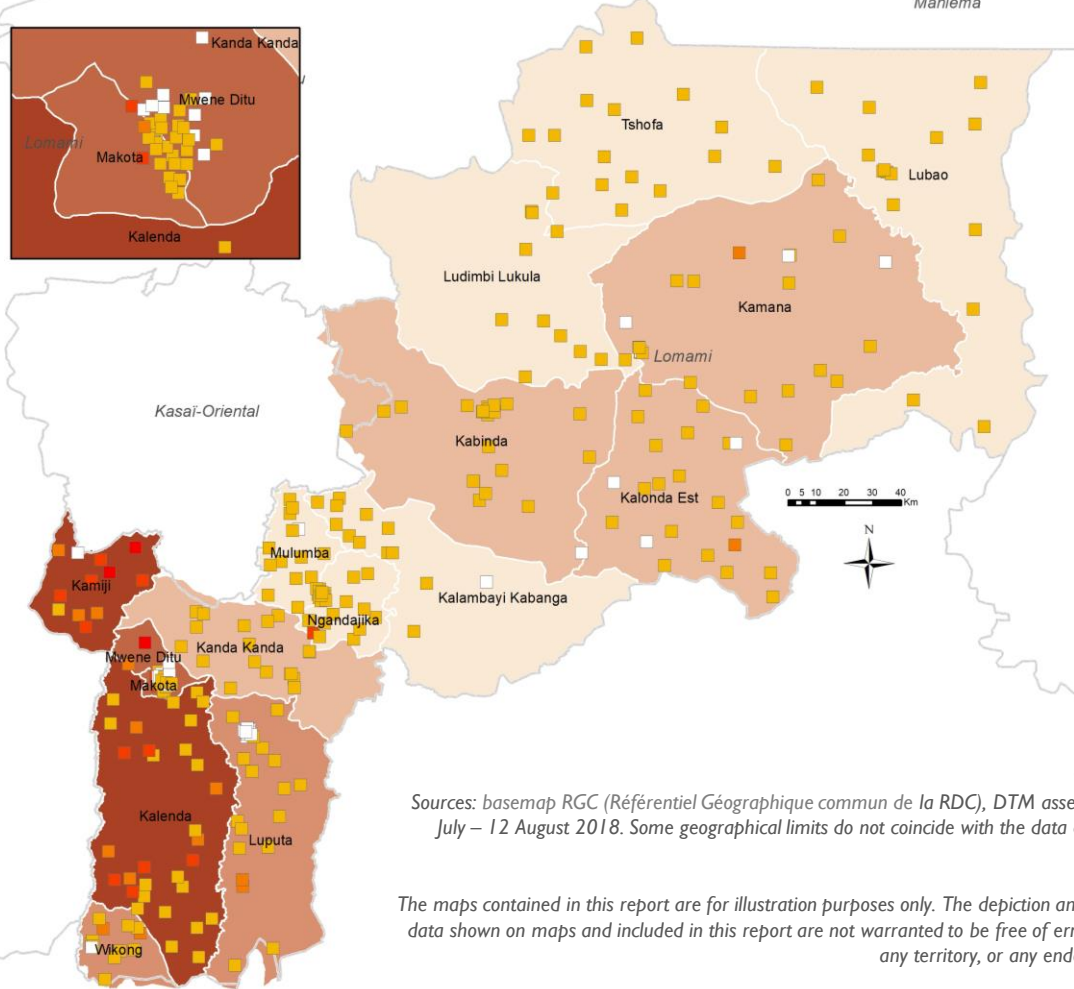
Forced displacement in health areas

Number of IDPs per health area

- No IDPs
- 1 - 1 232
- 1 233 - 2 450
- 2 451 - 4 158
- 4 159 - 8 111

Number of IDPs per health zone

- 5 091 - 7 304
- 7 305 - 10 057
- 10 058 - 16 296
- 16 297 - 26 629
- 26 630 - 45 545



Return movements in health areas

Number of returnees per health area

- No returnees
- 1 - 1 960
- 1 961 - 5 189
- 5 190 - 11 705
- 11 706 - 25 376

Number of returnees per health zone

- 1 369 - 2 879
- 2 880 - 4 984
- 4 985 - 16 774
- 16 775 - 31 826
- 31 827 - 81 700

Sources: basemap RGC (Référentiel Géographique commun de la RDC), DTM assessment DRC / PDHPES, 13 April – 12 May and 20 July – 12 August 2018. Some geographical limits do not coincide with the data collected in the field. GPS coordinates have not been verified in the field.

The maps contained in this report are 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.