## Forced displacement and Return movements in Kasai Oriental - Assessment Report

As a response to the humanitarian crisis that is currently affecting the **Democratic Republic of Congo**, the International Organization for Migration launched DTM exercises (Displacement Tracking Matrix) in seven 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 **Kasai Oriental** province from the 22nd of February to the 16th of March 2018 within 299 health areas (aires de santé). 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 different countries in the world. Field teams have reached all the accessible villages in the Kasai Oriental province and collected data through key informants interviews. For these assessments, a total of 1,678 villages have been evaluated through 4,714 key informants' interviews by IOM's partner Gouvernance + in collaboration with the DPS (Division Provinciale de la Santé).

In general, the least densely populated areas are also the most affected areas in terms of internal displacement. With 56 % of total IDP population, Miabi – which is comprised of Cilundu and Miabi's health zones - is the most affected territory followed by Kabeya-Kwamanga (17 %). When comparing with the data census, Miabi's IDP population would represent 12.6% of the population of that same territory. The majority of the IDPs who were identified in Miabi arrived in 2017 (83 %). Kabeya-Kwamanga and Miabi received most of the returnees of the province (respectively 49 % and 43 %). The households returned to these territories mostly in 2017. Also, 13 % of the assessed villages are partially destroyed, most of them are located in Miabi (41 %) and Kabeya-Kwamanga (71 %).
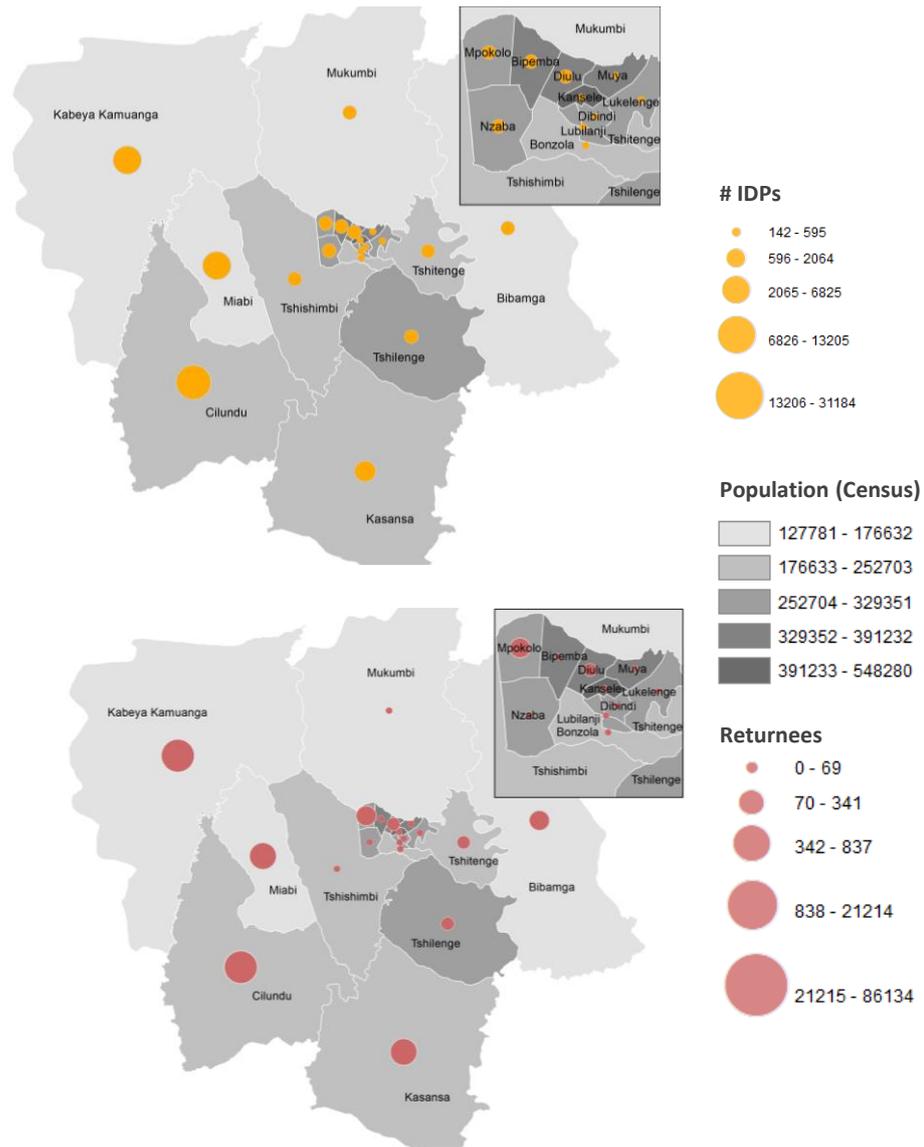


**# IDPs**
- 142 - 595
- 596 - 2064
- 2065 - 6825
- 6826 - 13205
- 13206 - 31184

**Population (Census)**
- 127781 - 176632
- 176633 - 252703
- 252704 - 329351
- 329352 - 391232
- 391233 - 548280

**Returnees**
- 0 - 69
- 70 - 341
- 342 - 837
- 838 - 21214
- 21215 - 86134

*Sources: Division Provinciale de la Santé, 2017 (Census), DTM assessment Feb. Mar. 2018.*

| **1 678** | **4 714** | **79 232** | **176 842** |
|---|---|---|---|
| Assessed Villages | Key informants | IDPs* | Returnees* |
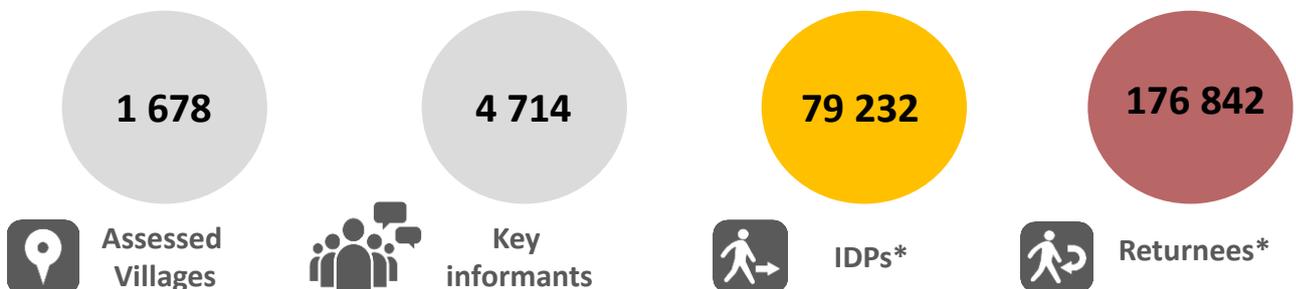
* Estimations - *The results presented in this report are based on estimations provided by key informants in each village.*

# Methodology and geographic coverage

Approximately 76 % of the villages reported by the Health provincial division in the Kasai Oriental province have been evaluated (1 425). The coverage of some areas has remained incomplete because of logistical and security limitations. Bridges and roads were missing for some of these unaccessible villages. Furthermore, while some villages did not exist on the original list provided by the DPS, a total of 253 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. Though health zones were accessible – with a coverage rate higher than 80 % for most of them -, in Tshijiba (Miabi) and Kabeya Milemba, Cicianku and Mabila (Kabeya Kamuanga) the presence of the army has prevented the field teams to cover the areas in an exhaustive way.*

## Villages assessed

| Health Zones | # Villages DPS List | # Assessed villages | Coverage |
|---|---|---|---|
| KABEYA KAMUANGA | 225 | 127 | 56% |
| BIBANGA | 137 | 106 | 77% |
| CITENGE | 87 | 83 | 95% |
| MUKUMBI | 76 | 70 | 92% |
| TSHISHIMBI | 90 | 84 | 93% |
| BIPEMBA | 112 | 90 | 80% |
| BONZOLA | 30 | 30 | 100% |
| DIBINDI | 102 | 108 | 106% |
| DIULU | 91 | 89 | 98% |
| KANSELE | 57 | 50 | 88% |
| LUBILANJI | 58 | 60 | 103% |
| LUKELENGE | 93 | 90 | 97% |
| MPOKOLO | 101 | 106 | 105% |
| MUYA | 94 | 69 | 73% |
| NZABA | 97 | 105 | 108% |
| CILUNDU | 128 | 112 | 88% |
| MIABI | 61 | 89 | 146% |
| KASANSA | 89 | 98 | 110% |
| TSHILENGE | 125 | 112 | 90% |
| **Total** | **1853** | **1678** | **91%** |
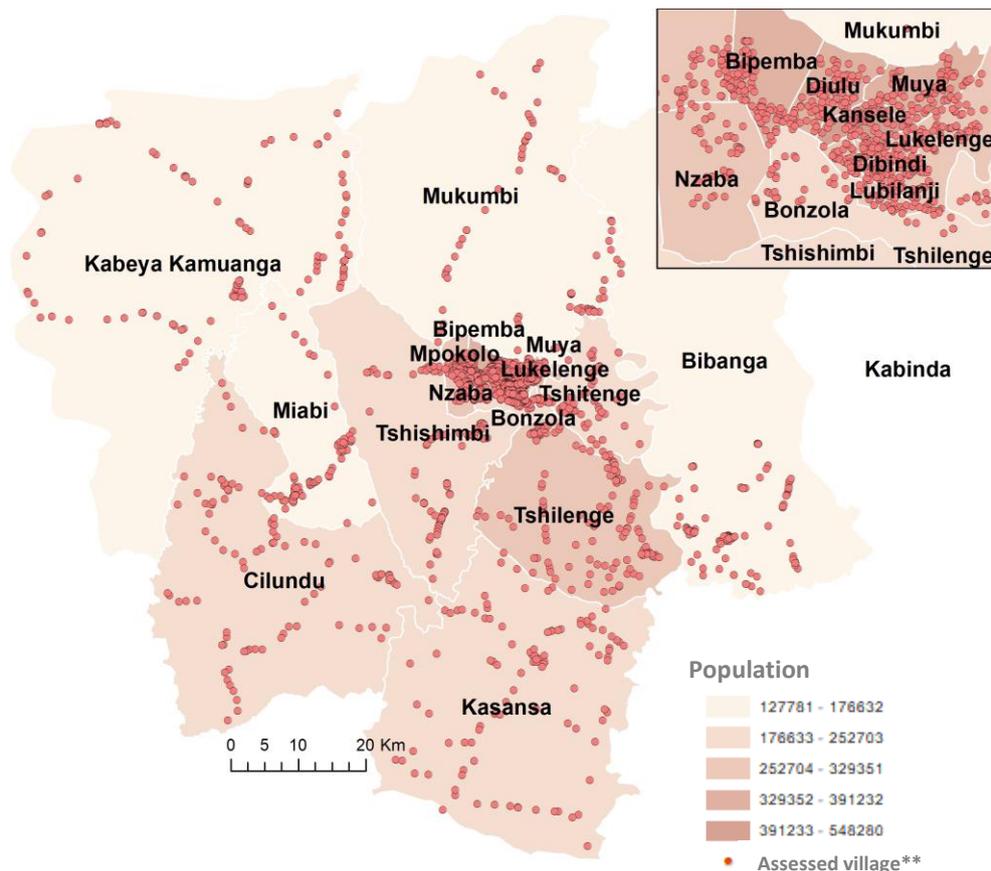
*For some villages, the rate is higher than 100%: this is explained by the fact that new villages have been found in the field, those villages were not recorded in the list provided by the DPS.*



**Population**
- 127781 - 176632
- 176633 - 252703
- 252704 - 329351
- 329352 - 391232
- 391233 - 548280
- Assessed village**

## Key informants



- Village leader — 38%
- Religious leader — 9%
- Teacher — 12%
- Registered nurse — 14%
- Head of zone Doctor — 0%
- Community leader — 27%
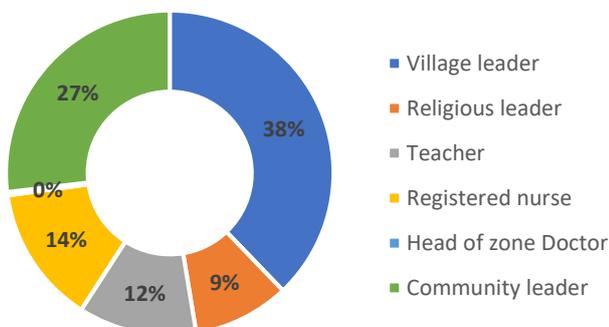
## Presence of IDPs and Returnees in the villages



- No IDPs, no returnees — 44%
- Only IDPs or only returnees — 40%
- Presence of IDPs and returnees — 16%
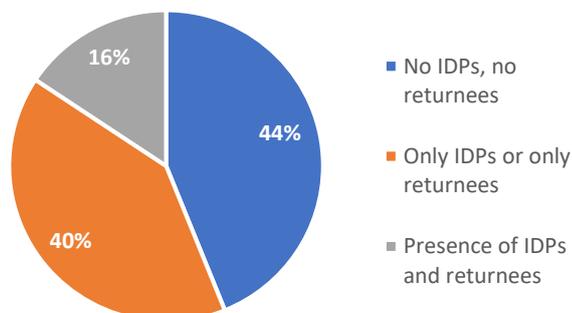
***What are Health zones and Health areas?*** *In DRC, the DTM teams are working in close collaboration with the Ministry of Health and its provincial divisions - the DPS (Division Provinciale de la Santé). These provincial divisions work at three geographical levels of subdivisions: territories, health zones and health areas. 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
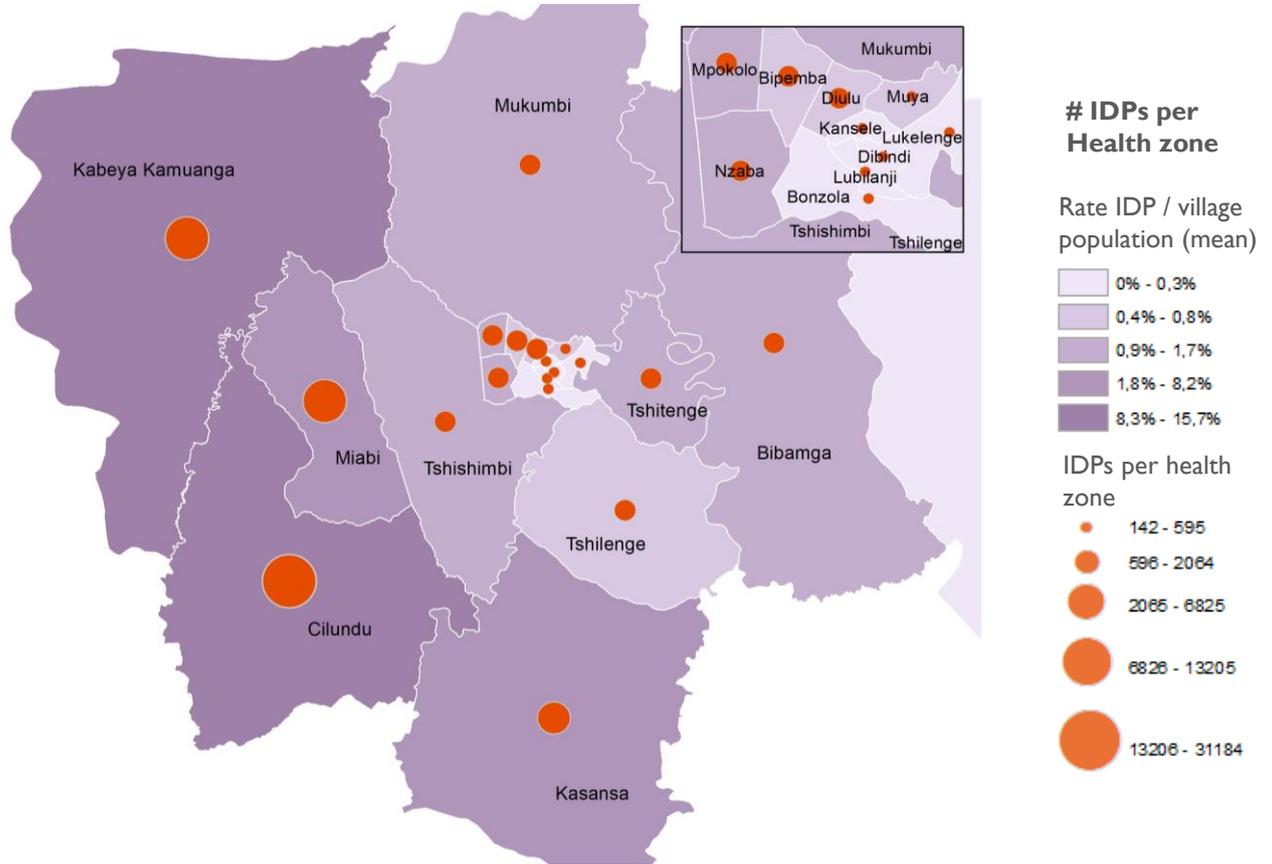


*Sources: DTM*
*Feb/Mar. 2018*

| Health Zones per territory | # IDPs | % IDPs | Rate of IDPs /total population per village (mean) |
|---|---|---|---|
| KABEYA-KAMWANGA | 13205 | 16,7% | 11,2% |
| KABEYA KAMUANGA | 13205 | 100,0% | 11,2% |
| KATANDA | 3246 | 4,1% | 1,3% |
| BIBANGA | 1182 | 36,4% | 1,4% |
| TSHITENGE | 2064 | 63,6% | 1,1% |
| LUPATAPATA | 2562 | 3,2% | 1,1% |
| MUKUMBI | 1036 | 40,4% | 1,2% |
| TSHISHIMBI | 1526 | 59,6% | 1,0% |
| MBUJI-MAYI | 6901 | 8,7% | 0,6% |
| BIPEMBA | 1192 | 17,3% | 0,6% |
| BONZOLA | 211 | 3,1% | 0,1% |
| DIBINDI | 174 | 2,5% | 0,1% |
| DIULU | 1054 | 15,3% | 0,5% |
| KANSELE | 142 | 2,1% | 0,3% |
| LUBILANJI | 278 | 4,0% | 0,1% |
| LUKELENGE | 334 | 4,8% | 0,3% |
| MPOKOLO | 1754 | 25,4% | 1,7% |
| MUYA | 595 | 8,6% | 0,4% |
| NZABA | 1167 | 16,9% | 1,2% |
| MIABI | 44387 | 56,0% | 12,4% |
| CILUNDU | 31184 | 70,3% | 15,7% |
| MIABI | 13203 | 29,7% | 8,2% |
| TSHILENGE | 8931 | 11,3% | 2,5% |
| KASANSA | 7000 | 78,4% | 4,4% |
| TSHILENGE | 1931 | 21,6% | 0,8% |
| **Total** | **79232** | **100,0%** | **3,2%** |

The territories of Miabi and Kabeya-Kamwanga host most of the IDPs in the province (respectively 56% and 17%). With 31,184 IDPs, Cilundu is the most affected health zone. More over, in Cilundu, the IDPs who arrived in the villages of BK Kamba health area represent on average 44% of the local population.

Whereas the population density of Cilundu, Kabeya Kamwanga and Miabi health zones is particularly weak in comparaison with the rest of the province, on average, their villages also have the highest rate of IDPs with regards to their respective total population. Conversely, the health zones of Mbuji-Mayi territory are more densified, and less affected by internal displacement movements.

Finally, 71% of the villages assessed in Kabeya-Kamwanga and 41 % in Miabi are partially destroyed. This level of destruction is the highest in the province.

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# Displaced population per villages in Kasai Oriental



Inset map labels: Mukumbi, Mpokolo, Bipemba, Diulu, Muya, Kansele, Lukelenge, Nzaba, Dibindi, Tshitenge, Lubilanji, Bonzola, Tshishimbi, Tshilenge

Main map labels: Mukumbi, Kabeya Kamuanga, Tshishimbi, Tshitenge, Bibamga, Miabi, Tshilenge, Cilundu, Kasansa

**# IDPs per village**

- 0 - 60
- 61 - 210
- 211 - 430
- 431 - 1000
- 1001 - 2508

**# IDPs per Health zone**

- 142 - 595
- 596 - 2064
- 2065 - 6825
- 6826 - 13205
- 13206 - 31184
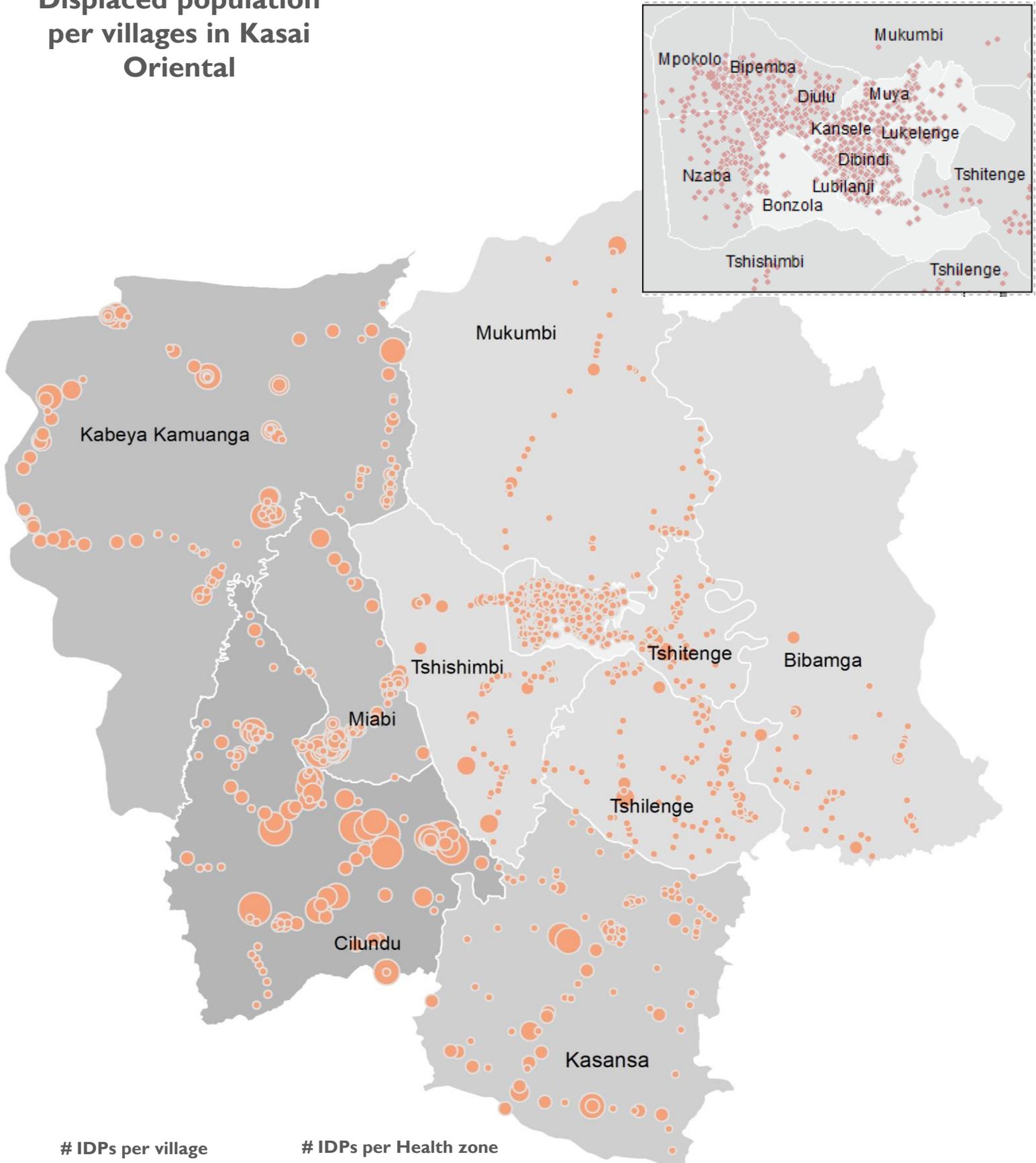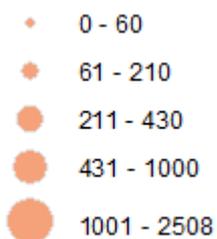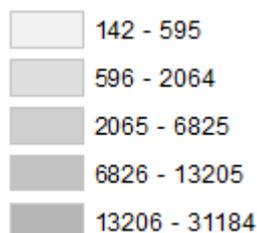
*Sources: Division Provinciale de la Santé, 2017 (recensement), enquête DTM août, sept., oct. 2017.*

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## Displacement period



- IDPs 2018
- IDPs 2017
- IDPs 2016
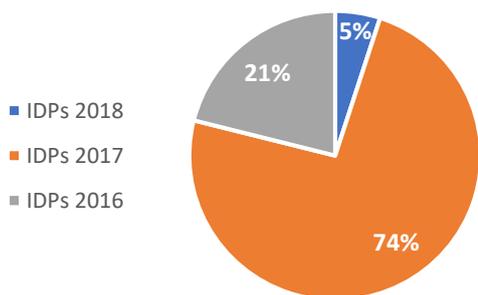
**Displacement period per territory**



- 2016
- 2017
- 2018
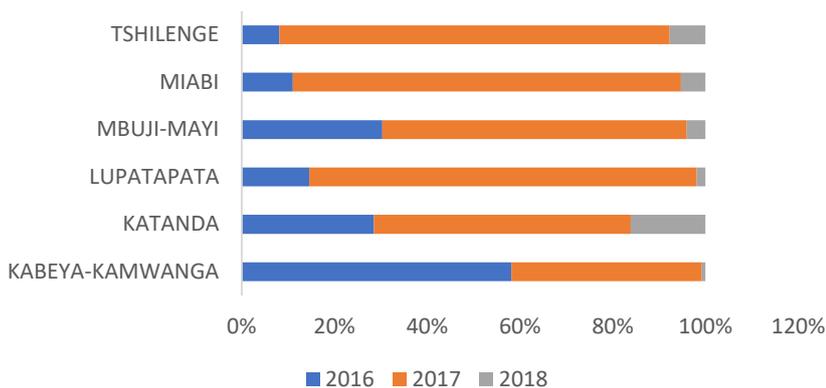
Thus far, in Kasai Oriental, most of the households were displaced in 2017. Internal displacement movements during the first two months of 2018, were mostly observed in Katanda (16 %) and Tshilenge (8 %) territories. In Kabeya-Kamwanga, 58 % of the IDPs arrived in 2016.

**Displacement trend from 2016 to 2018**



Only 9 % of the IDPs were displaced more than 18 months ago. Most of the IDPs (25 %) have been displaced during the second quarter of 2017.

## Origin of the IDPs

Most of the IDPS used to live in the Kasai Oriental province before their displacement (93 %). They mainly come from the territory of Miabi and Kabeya Kamwanga (respectively 50 % and 30 %). The other provinces of origin are Lomami and Kasai Central (5,2%).

**Territories of origin – 2016 to 2018 displacements**





- Other
- KASAI CENTRAL
- KASAI ORIENTAL
- LOMAMI

## Types of movement



External, out of the province 7%

External, but within province 39%

Internal, within health zone 54%

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
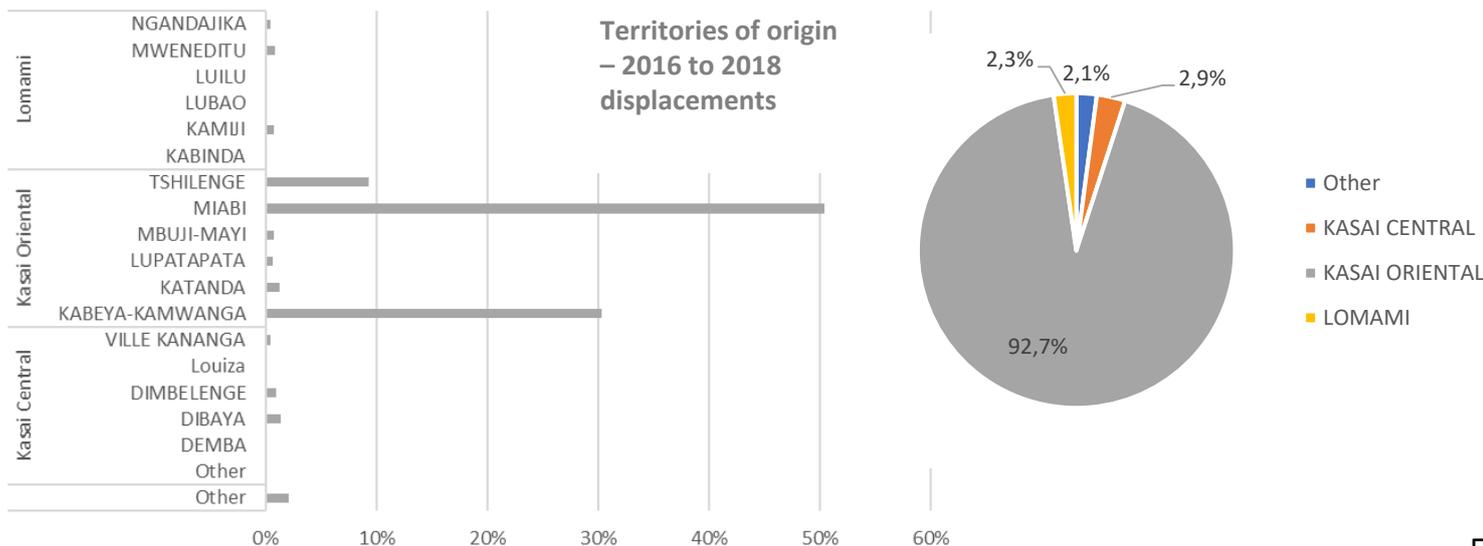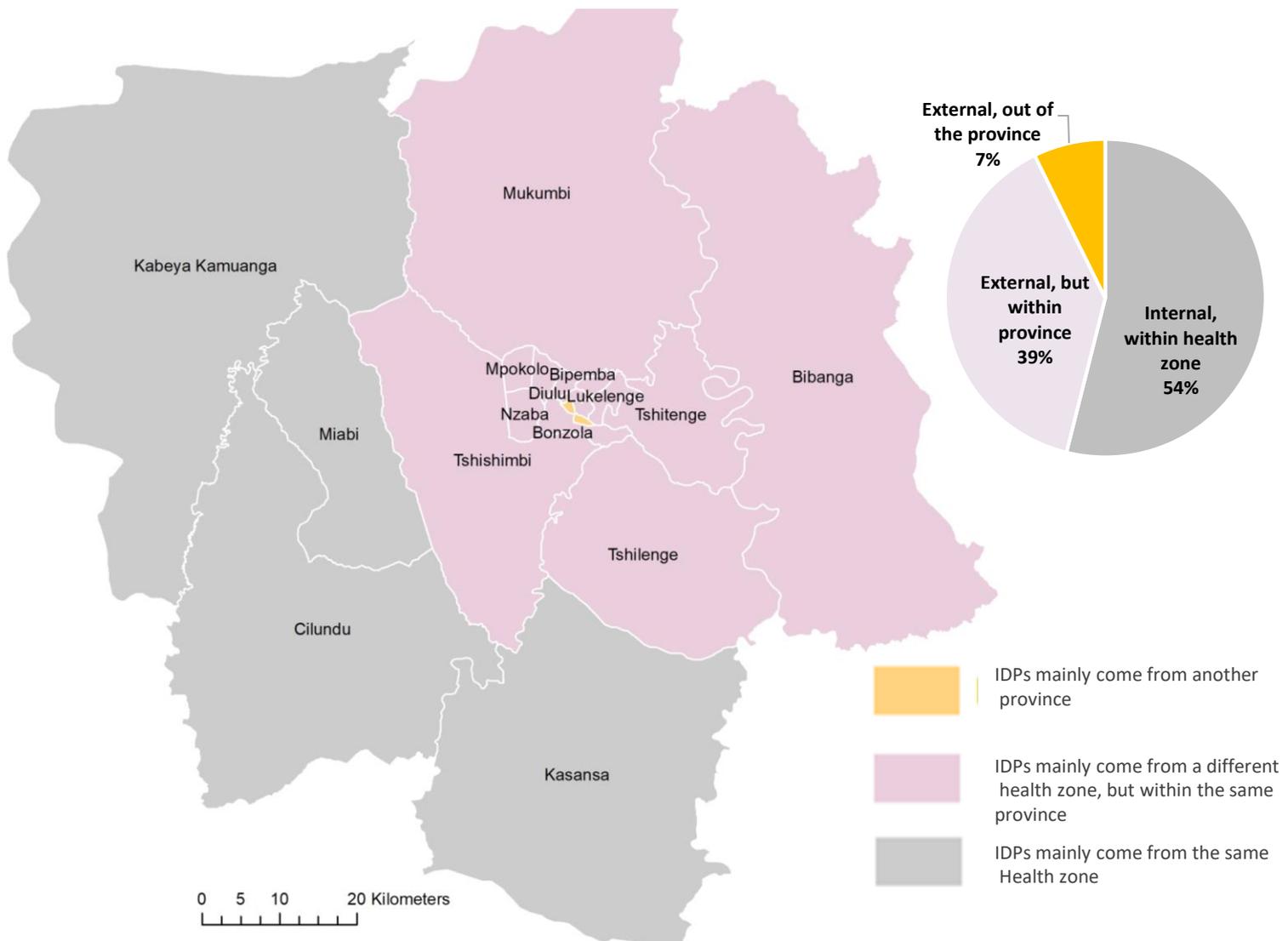
At the level of the health zones, data indicates that most of the displacements occur within the health zone (54%) – IDPs did not flee out of the health zone when they were displaced. Moreover, there seems to be a clear distinction in the type of movements between the Western part of the province and the Eastern part: in the Eastern health zones, IDPs mostly crossed health zone boundaries – which means that they certainly crossed longer distances and that the displacement may have a longer term impact. Interestingly, the health zones where IDPs mainly come from another province are the most densely populated areas, in Mbuji-Mayi territory.

| Health zones | Internal, within health zone | External, but within province | External, out of the province |
|---|---|---|---|
| BIBANGA | 12,9% | 45,2% | 42,0% |
| BIPEMBA | 0,0% | 87,9% | 12,1% |
| BONZOLA | 0,0% | 94,3% | 5,7% |
| CILUNDU | 57,0% | 40,8% | 2,2% |
| CITENGE | 0,0% | 62,7% | 37,3% |
| DIBINDI | 0,0% | 74,7% | 25,3% |
| DIULU | 0,0% | 70,7% | 29,3% |
| KABEYA KAMUANGA | 97,1% | 0,9% | 2,0% |
| KANSELE | 0,0% | 58,5% | 41,5% |
| KASANSA | 76,4% | 10,8% | 12,8% |
| LUBILANJI | 0,0% | 49,3% | 50,7% |
| LUKELENGE | 0,0% | 76,3% | 23,7% |
| MIABI | 47,3% | 46,6% | 6,1% |
| MPOKOLO | 0,0% | 92,2% | 7,8% |
| MUKUMBI | 0,0% | 94,9% | 5,1% |
| MUYA | 0,8% | 68,1% | 31,1% |
| NZABA | 0,0% | 89,6% | 10,4% |
| TSHILENGE | 5,5% | 67,2% | 27,3% |
| TSHISHIMBI | 15,6% | 81,7% | 2,7% |
| **Total** | **53,9%** | **38,8%** | **7,3%** |

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## Reasons for displacement
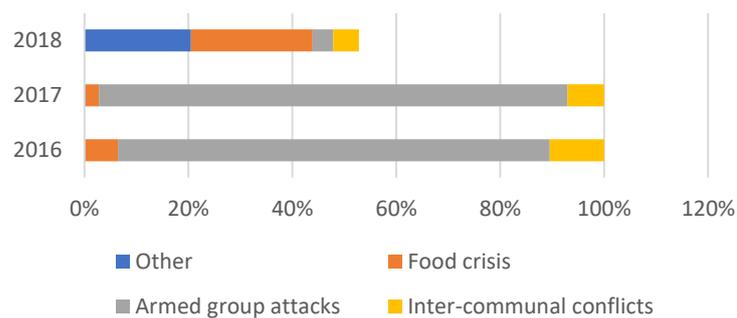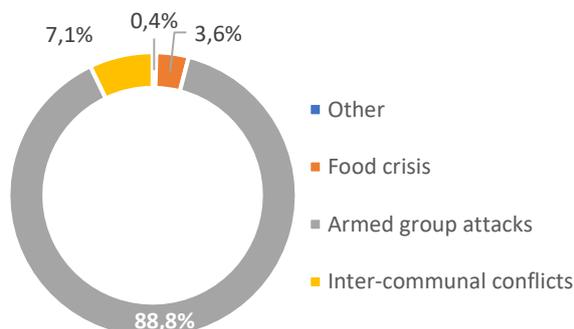




According to the data collected, people were displaced mainly because of armed group attacks either in 2016, 2017 or 2018 (88 % in total). However, it is worth noting that 20% of the IDPs displaced in 2018 fled because of the food crisis and that inter-communal conflicts-related displacement have been slightly decreasing since 2016.

| 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 % |
|---|---|---|---|---|---|---|---|---|
| Other | 24 | 0% | 135 | 0% | 41 | 1% | 200 | 0% |
| Food crisis | 1056 | 6% | 1494 | 3% | 780 | 20% | 3330 | 4% |
| Armed group attacks | 13867 | 83% | 52812 | 90% | 2722 | 71% | 69401 | 88% |
| Inter-communal conflicts | 1753 | 10% | 4140 | 7% | 308 | 8% | 6201 | 8% |
| **Total** | **16700** | **100%** | **58581** | **100%** | **3851** | **100%** | **79132** | **100%** |

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# Returnees

## Returnees and demography



# Total returnees per health zone (Est.)

- 0 - 69
- 70 - 341
- 342 - 837
- 838 - 21214
- 21215 - 86134

Rate of returnees per total population per village (Mean.)

- 0%
- 1%
- 2% - 16%
- 17% - 61%
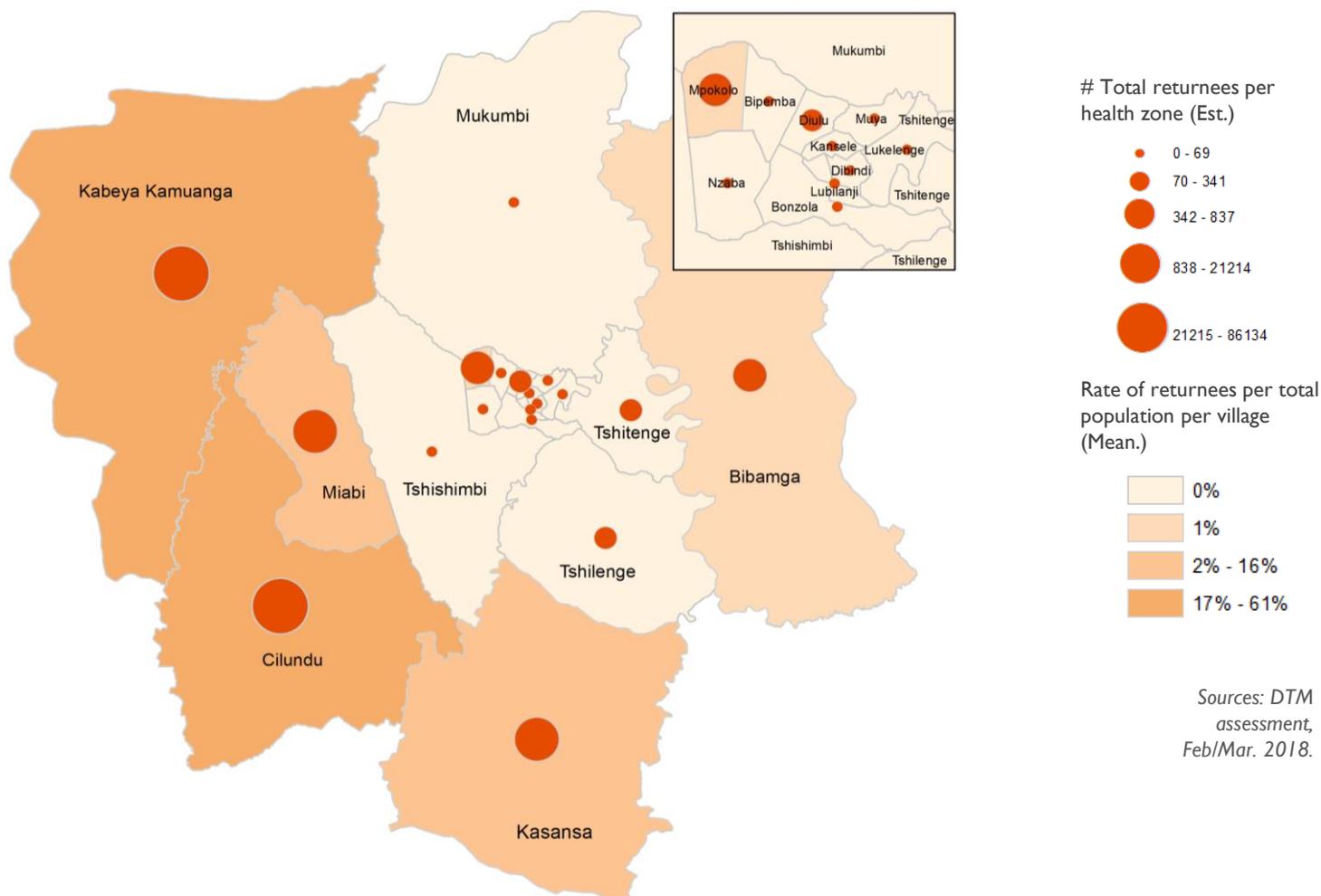
*Sources: DTM assessment, Feb/Mar. 2018.*

| Health zones per territory | # Returnees | % Returnees | Rate of returnees /total population per village (Mean) |
|---|---|---|---|
| KABEYA-KAMWANGA | 86134 | 48,71% | 60,9% |
| KABEYA KAMUANGA | 86134 | 100,00% | 60,9% |
| KATANDA | 1108 | 0,63% | 0,3% |
| BIBANGA | 767 | 69,22% | 0,5% |
| TSHITENGE | 341 | 30,78% | 0,2% |
| LUPATAPATA | 122 | 0,07% | 0,1% |
| MUKUMBI | 53 | 43,44% | 0,1% |
| TSHISHIMBI | 69 | 56,56% | 0,0% |
| MBUJI-MAYI | 1156 | 0,65% | 0,1% |
| BIPEMBA | 49 | 4,24% | 0,0% |
| BONZOLA | 25 | 2,16% | 0,0% |
| DIBINDI | 25 | 2,16% | 0,0% |
| DIULU | 147 | 12,72% | 0,1% |
| KANSELE | 3 | 0,26% | 0,0% |
| LUBILANJI | 11 | 0,95% | 0,0% |
| LUKELENGE | 54 | 4,67% | 0,0% |
| MPOKOLO | 837 | 72,40% | 0,7% |
| MUYA | 5 | 0,43% | 0,0% |
| NZABA | 0 | 0,00% | 0,0% |
| MIABI | 76024 | 42,99% | 28,4% |
| CILUNDU | 54810 | 72,10% | 38,1% |
| MIABI | 21214 | 27,90% | 16,2% |
| TSHILENGE | 12298 | 6,95% | 4,3% |
| KASANSA | 12128 | 98,62% | 9,1% |
| TSHILENGE | 170 | 1,38% | 0,1% |
| **Total** | **176842** | **100%** | **8,6%** |

The areas affected by internal displacement movements are also returning areas. Field observations confirm that returnee populations are in urgent need of assistance.

In total, **176 842** individuals have returned to their area of origin since 2016 and are no longer counted as IDPs. The main territories where return movements have been observed are Miabi (43 %) and Kabeya-Kamwanga (49 %). The concentration of returnees is particularly high in Cilundu, Kabeya and Miabi and Kasansa health zones. In those areas, the average returnee population in each village varies from 9 % in Kasansa to 61 % in Kabeya.

These rates are especially high in Miketa (Miabi) and in Lac Munkamba (Kabeya): in these areas, the returnees represent on average respectively more than 96 % and 91 % of the population of the villages.

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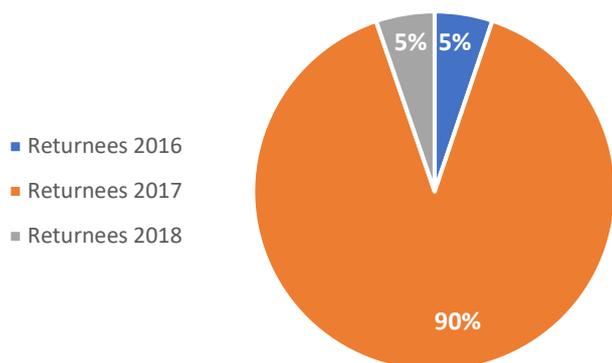
## Return period



Return period per territory
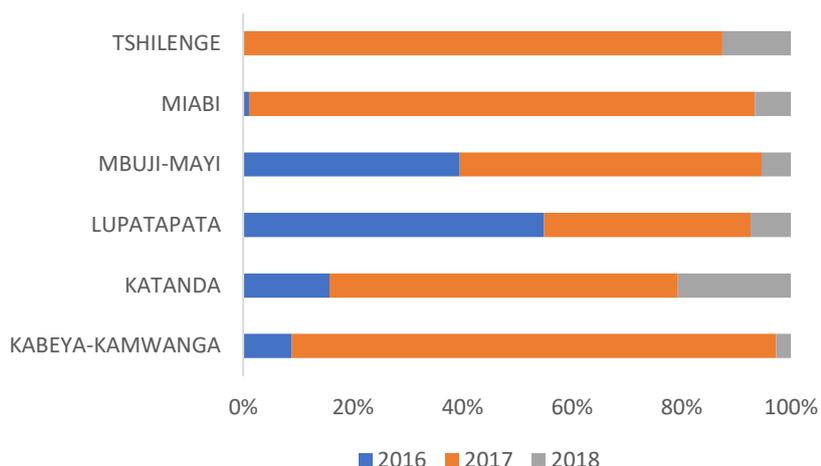


The data collected indicates that most of the return movements occured in 2017. In Tshilenge, no returnees arrived in 2016. Since the beginning of 2018, it is worth noting that all these territories have already received returnees. For example, 5037 returnees have already reached Miabi since early January. The strong military presence in these areas is the main obstacle that prevents displaced people to return to their area of origin.

## Reasons for Return movements
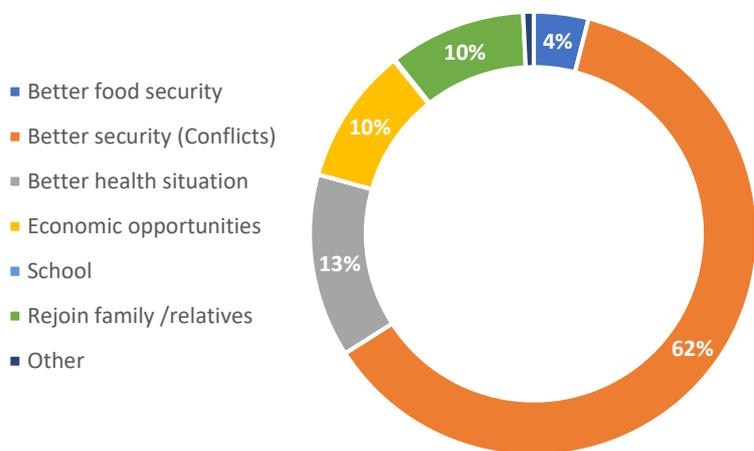


The data collected indicates that 62 % of the returnees went back to their area of origin because the security situation had improved. In 2018, it is worth highlighting that the improvement of the food security has also been a stronger driver pushing the displaced population to return home. Field teams have raised the fact that returnees may have to find new places to live as many houses were destroyed and burned. Similarly, although the security situation has improved, the local economy is still extremely weak, especially for farmers who lost their material and fields prior to their initial displacement.

| Reasons for Return | Returnees 2016 | % Returnees 2016 | Returnees 2017 | % Returnees 2017 | Returnees 2018 | % Returnees 2018 | All periods |
|---|---|---|---|---|---|---|---|
| Better food security | 592 | 6% | 4036 | 3% | 2348 | 25% | 4% |
| Better security (Conflicts) | 6559 | 72% | 98001 | 62% | 5091 | 55% | 62% |
| Better health situation | 346 | 4% | 22953 | 14% | 320 | 3% | 13% |
| Economic opportunities | 1292 | 14% | 15476 | 10% | 829 | 9% | 10% |
| School | 17 | 0% | 114 | 0% | 37 | 0% | 0% |
| Rejoin family /relatives | 315 | 3% | 16947 | 11% | 217 | 2% | 10% |
| Other | 0 | 0% | 945 | 1% | 407 | 4% | 1% |
| **Total** | **9121** | **100%** | **158472** | **100%** | **9249** | **100%** | **100%** |

# Returnees per villages
# In Kasai Oriental
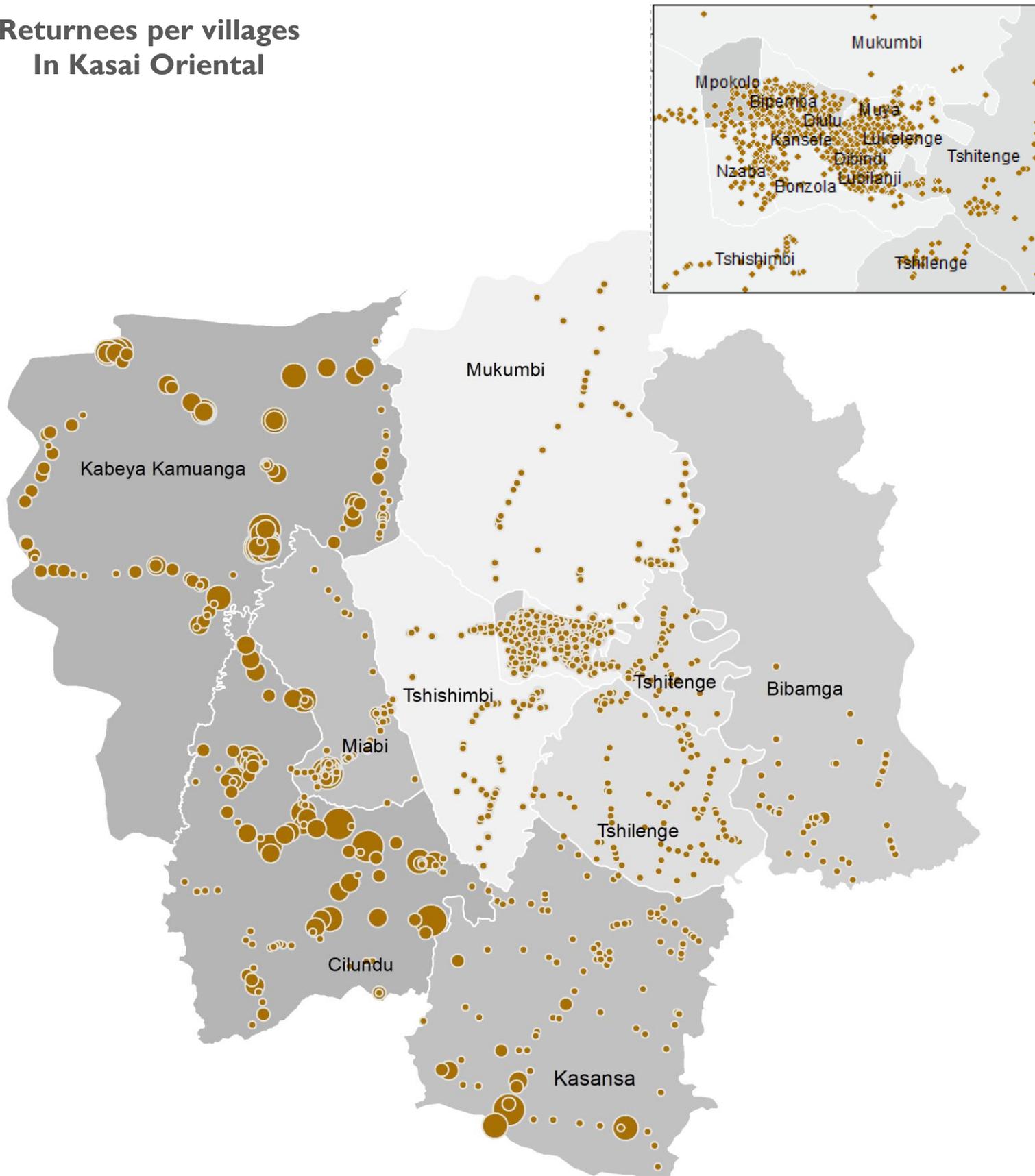


**# Returnees per village**
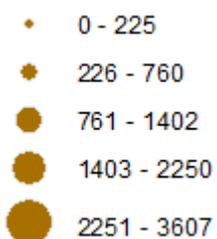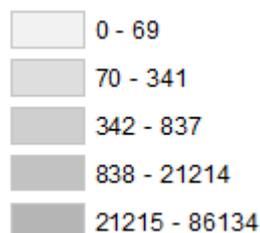
| | |
|---|---|
| • | 0 - 225 |
| ✦ | 226 - 760 |
| ⬤ | 761 - 1402 |
| ⬤ | 1403 - 2250 |
| ⬤ | 2251 - 3607 |

**# Returnees per Health zone**

| | |
|---|---|
| ⬜ | 0 - 69 |
| ⬜ | 70 - 341 |
| ⬜ | 342 - 837 |
| ⬜ | 838 - 21214 |
| ⬛ | 21215 - 86134 |

## 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, in only 37 % of the villages the local population has access to an operational health center. In Miabi and Kabeya Kuamanga territories, this rate reaches 43 % and 30 % respectively. Furthermore, only 38 % of the villages evaluated can count on an operational school and 79 % of the villages lack of an operational police antenna.

For 35 % of the villages, access to potable water has been raised as a priority need. In Mbuji-Mayi territory in particular, access to potable water is a priority for 41 % of the villages on average. In the most affected territories (Miabi and Kabeya Kuamangwa), acces to food has been raised by the key informants as the main needs in the villages.

| | |
|---|---|
| Potable water | 34,9% |
| Acces to food | 22,5% |
| Health care | 11,3% |
| Education | 10,4% |
| Access to agricultural inputs and equipment | 7,4% |
| WASH | 5,9% |
| Shelter | 4,5% |
| Essential household items | 1,9% |
| Protection (Care services) | 1,0% |
| Unknown | 0,2% |
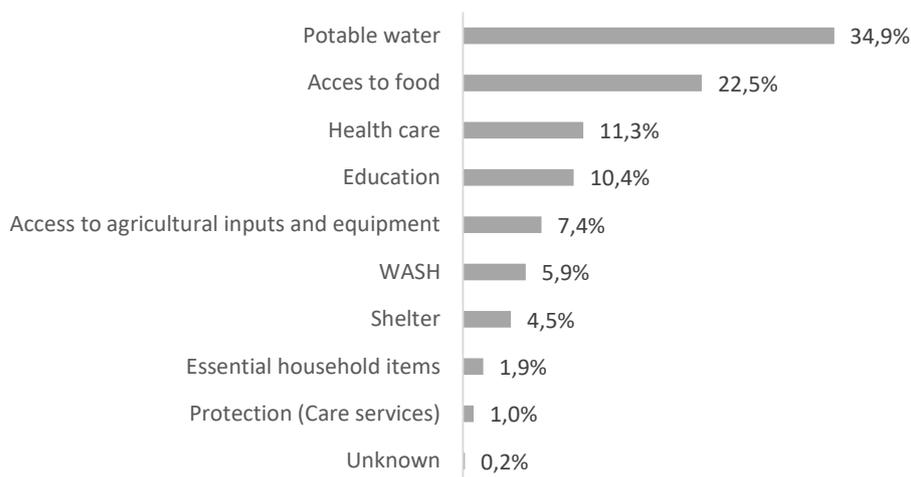
Internally displaced persons and returnees have been seeking safer places after having fled – this situation is reflected in the data collected that shows that 83 % of all the villages that have been evaluated have not been affected by violence. However, 13 % of the villages have been partially destroyed. Most of those villages are located in Miabi and Kabeya-Kamangwa.

**Situation of the villages**

2% 2% 13% 83%

- Destroyed
- Not affected by violences
- Partially destroyed
- Emptied of its population
- No information
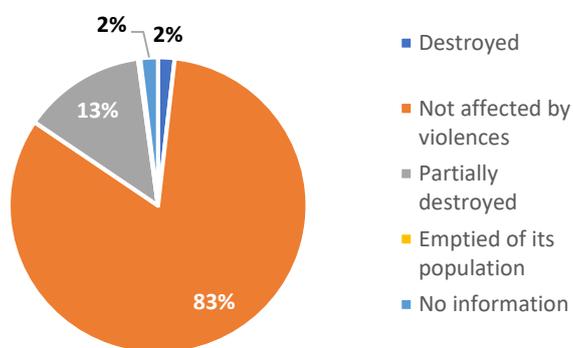
More precisely, respectively 77 % of the returnees and 37 % of the IDPs now live in partially destroyed villages whereas 16% of the returnees and 61 % of the IDPs live in village that have not been affected by violence.

| | # Returnees | # IDPs |
|---|---|---|
| Partially destroyed | 77% | 37% |
| Not affected by violences | 16% | 61% |
| Destroyed | 7% | 2% |
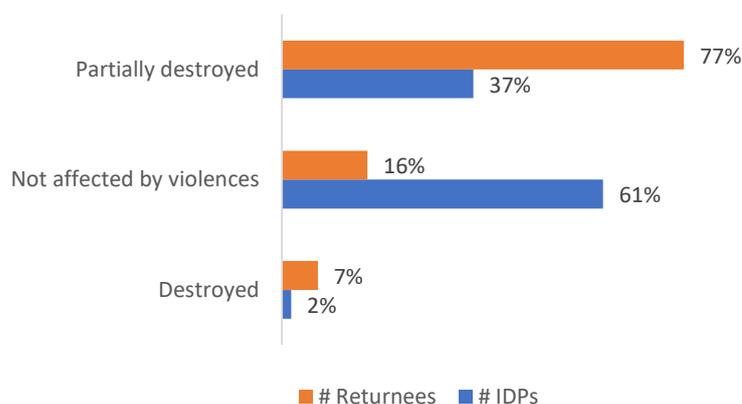
## Infrastructures in the Kasai Oriental province
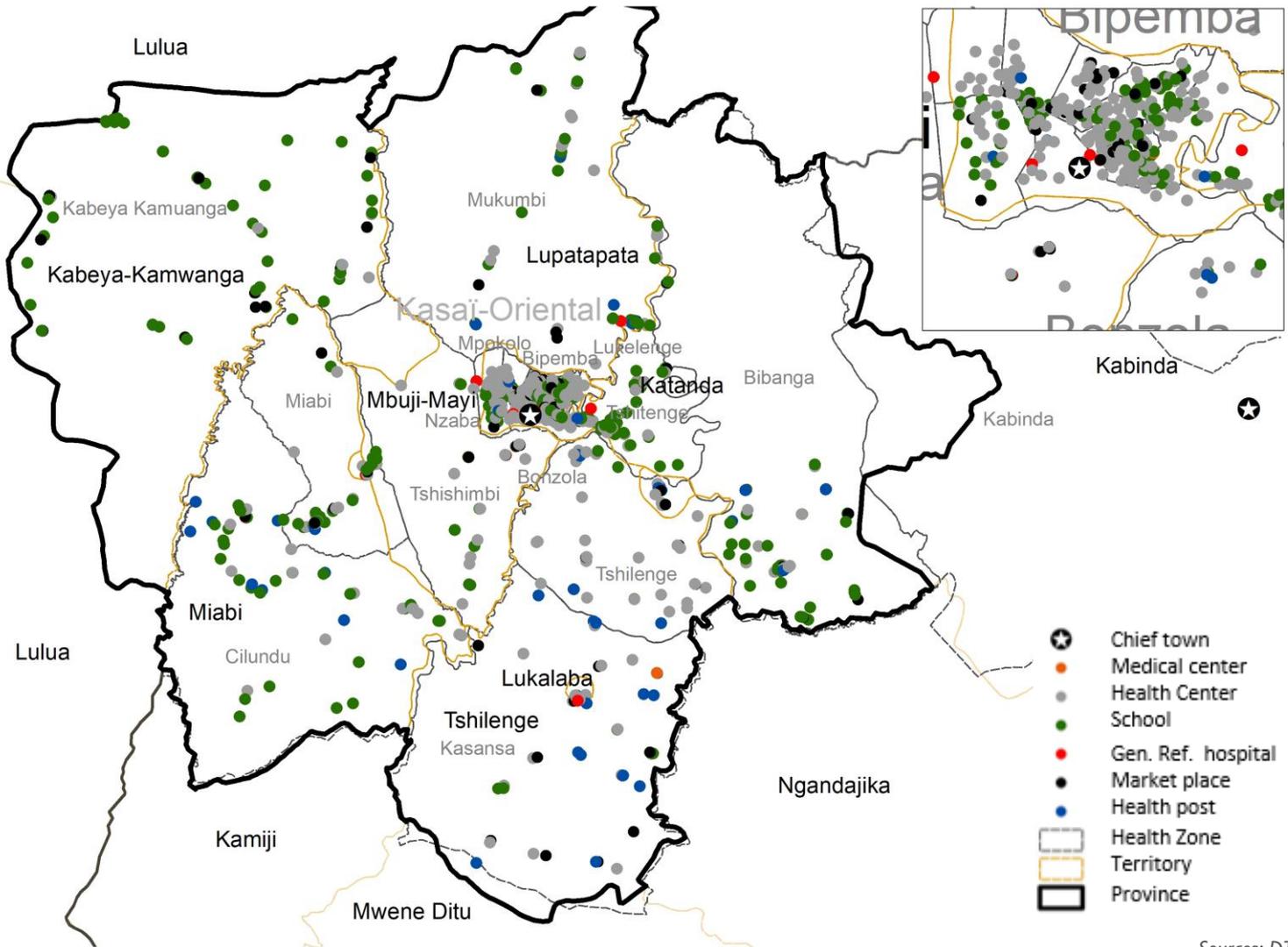


*Sources: DTM assessment, Feb/Mar. 2018.*

**Access to operational health infrastructures**

| Health Zones | Unknown | No | Yes |
|---|---|---|---|
| BIBANGA | 22% | 61% | 17% |
| BIPEMBA | 0% | 68% | 32% |
| BONZOLA | 0% | 20% | 80% |
| CILUNDU | 1% | 44% | 55% |
| DIBINDI | 0% | 62% | 38% |
| DIULU | 0% | 47% | 53% |
| KABEYA KAMUAI | 0% | 70% | 30% |
| KANSELE | 0% | 48% | 52% |
| KASANSA | 1% | 64% | 35% |
| LUBILANJI | 0% | 40% | 60% |
| LUKELENGE | 0% | 57% | 43% |
| MIABI | 1% | 71% | 28% |
| MPOKOLO | 0% | 80% | 20% |
| MUKUMBI | 0% | 64% | 36% |
| MUYA | 1% | 43% | 55% |
| NZABA | 0% | 60% | 40% |
| TSHILENGE | 0% | 72% | 28% |
| TSHISHIMBI | 0% | 90% | 10% |
| TSHITENGE | 0% | 60% | 40% |
| **Mean** | **2%** | **62%** | **37%** |

The majority of the villages (62 %) does not have access to an operational health structure (either health post, health center or general hospital). These rates are particularly high in the most affected zones of the province (Kabeya, Cilundu, Miabi, Kasansa).



- Unknown
- No
- Yes

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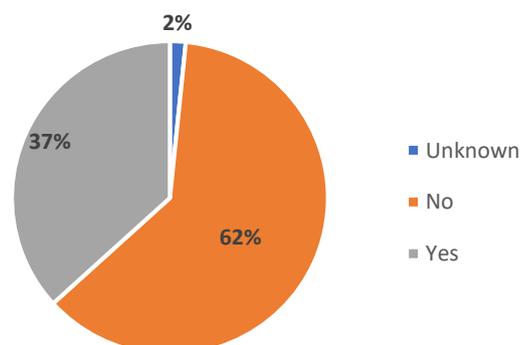
## Displacement pressure

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 142 villages with a rate higher than 3 and for which the situation remains highly critical: 63 of these villages are located in Kabeya health zone, 51 in Cilundu, 20 in Miabi, and 8 in Kasansa.



# Villages per categories

**Displacement pressure indicator per villages**

- [0 -3]
- ]3-4]
- ]4 - 5]
- ]5 - 6]
- ]6 - 7]

*Sources: Division Provinciale de la Santé, 2017 (census), DTM assessment 2018.*
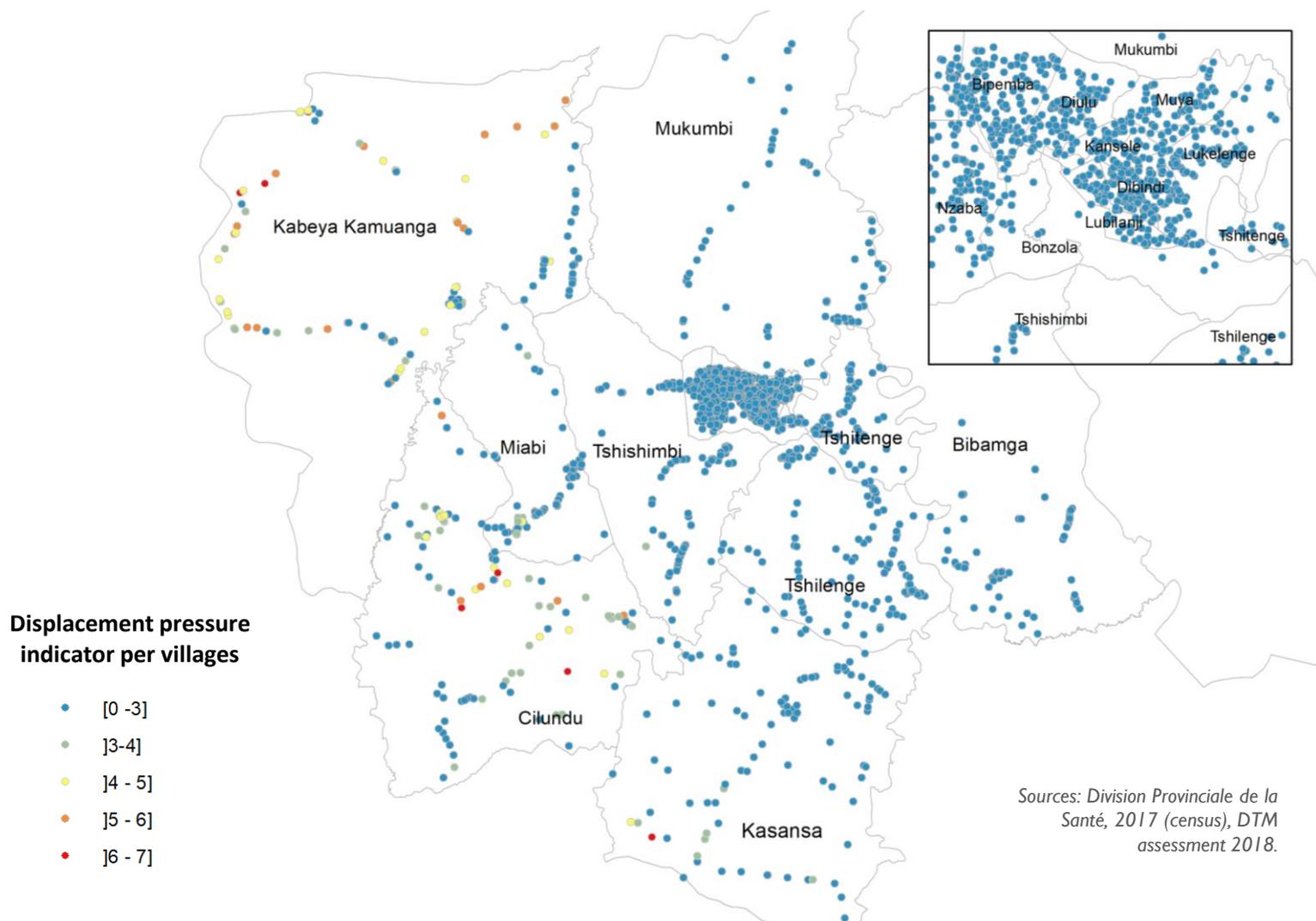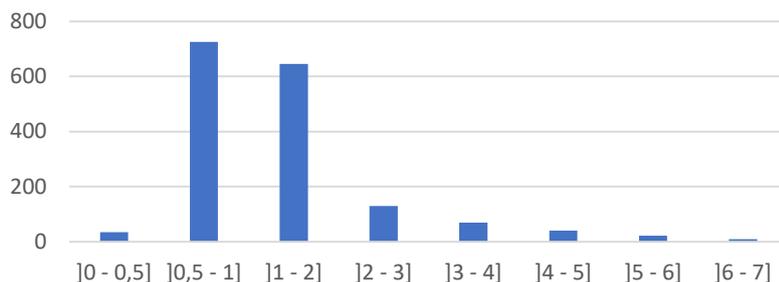
*\* Details on the calculation methodology are available upon request*