DTM
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Displacement Tracking Matrix
Democratic Republic of The Congo
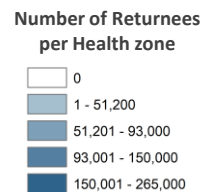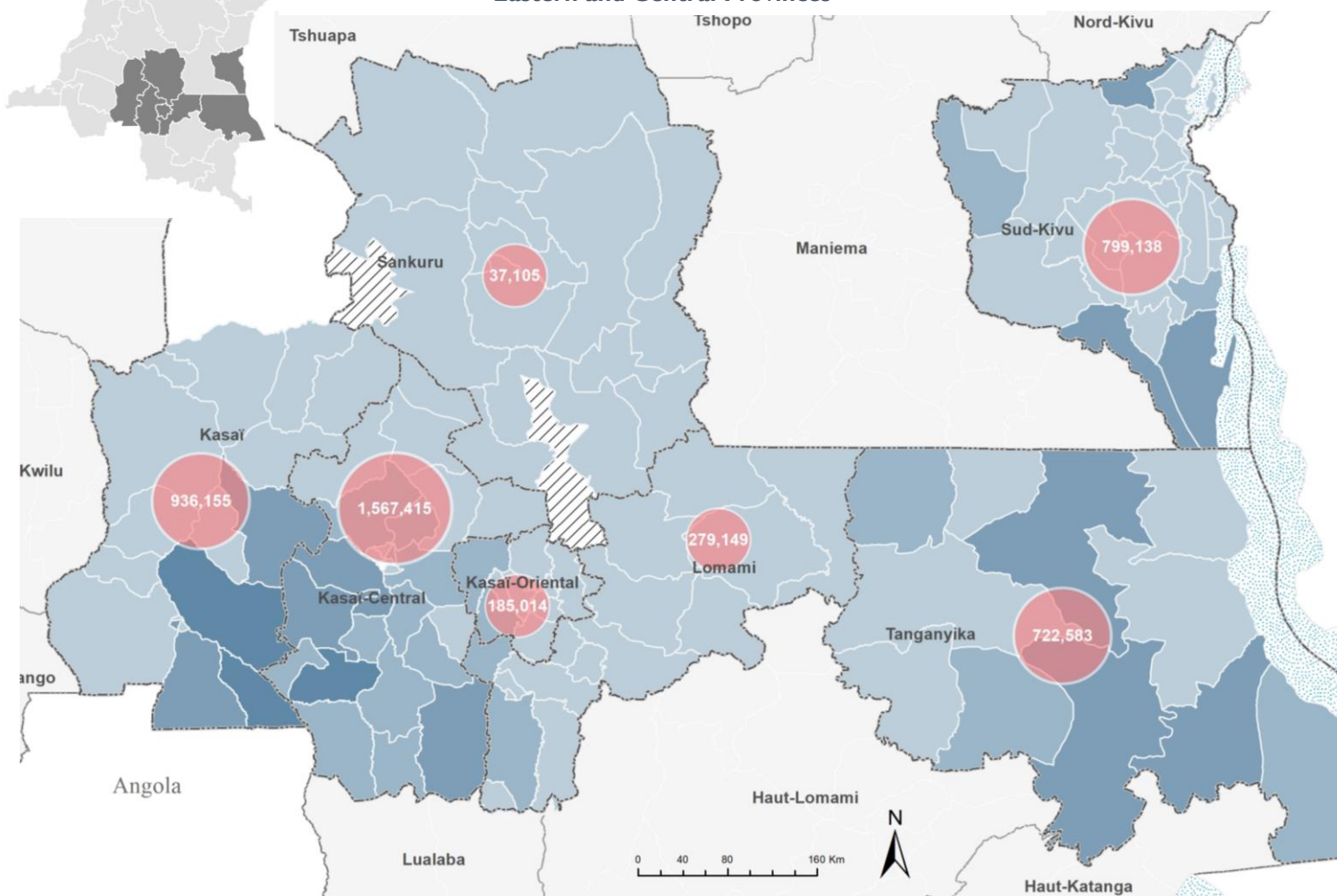
Key Findings
February - November 2018

Provinces :

Kasaï

Kasaï Central

Kasaï Oriental

Lomami

Sankuru

South Kivu

Tanganyika

DISPLACEMENT TRACKING MATRIX –
Democratic Republic of The Congo
Provinces of Kasaï, Kasaï Central, Kasaï Oriental, Lomami, Sankuru, South Kivu, Tanganyika

Key findings
February — November 2018

Return movements in the Democratic Republic of Congo
- Eastern and Central Provinces -

In response to the humanitarian crisis that is currently affecting the **Democratic Republic of Congo**, the International Organization for Migration (IOM) deployed the Displacement Tracking Matrix (DTM) in seven (7) provinces of the country in order to collect up-to-date information on internally displaced persons (IDPs) and returnees. These exercises will provide a better understanding of the displacement dynamics in the Democratic Republic of the Congo (DRC) and support the humanitarian response.

This report provides the main findings of the DTM assessments that were conducted in the provinces of **Kasai**, **Kasai Central**, **Kasai Oriental**, **Lomami**, **Sankuru**, **South Kivu** and **Tanganyika** from 22 February to 28 November 2018 in 137 health zones.

The information provided in this report relates to population movements that occured in 2016, 2017 and 2018. These assessments were conducted following standard DTM methodologies and tools that were developed by IOM in different countries in the world.

Assessed Villages — 22,125

Key informants — 60,869

IDPs* — 2,964,264

Returnees* — 4,526,559

Number of Returnees per Health zone
- 0
- 1 - 51,200
- 51,201 - 93,000
- 93,001 - 150,000
- 150,001 - 265,000

Provinces assessed (DTM)
No DTM assessment
National boundaries
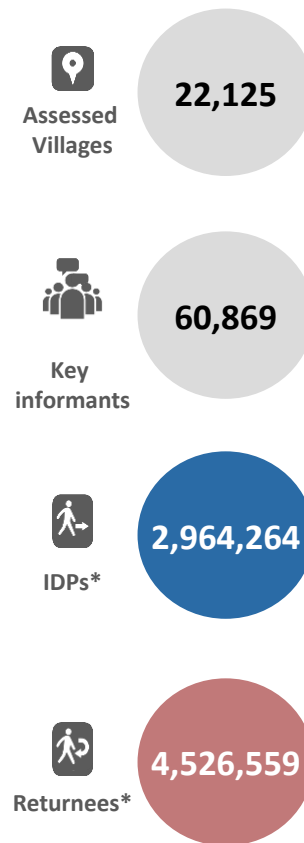Lake

Number of returnees per province
1,000

Field teams conducted assessments in all the accessible villages in those provinces and collected data through key informants interviews. For these assessments, a total of 22,125 villages were evaluated through 60,869 key informant interviews by IOM's partners** in collaboration with the Provincial Health Division (DPS, Division Provinciale de la Santé). Most of the IDPs were identified in **South Kivu** and **Kasaï Central** (28 % and 26 %, respectively). Nearly 55 % of the returnees were identified in **Kasaï Central** and **Kasaï**: in these two provinces, key informants reported that since 2016, more than 2,500,000 individuals have returned to their village of origin after having been displaced. Affected populations mostly live in rural areas and depend on subsistence farming. According to field observations, IDPs often flee to remote areas where they lack assistance and access to basic services.

DISPLACEMENT TRACKING MATRIX –
Democratic Republic of The Congo
Provinces of Kasaï, Kasaï Central, Kasaï Oriental, Lomami, Sankuru, South Kivu, Tanganyika

Key findings
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Geographic coverage and Methodology

Coverage rate
per health zone

- No assessment
- 0.1% - 25%
- 25.1% - 75%
- 75.1% - 95%
- 95.1% - 100%

**DTM Assessment
Coverage in DRC**

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 le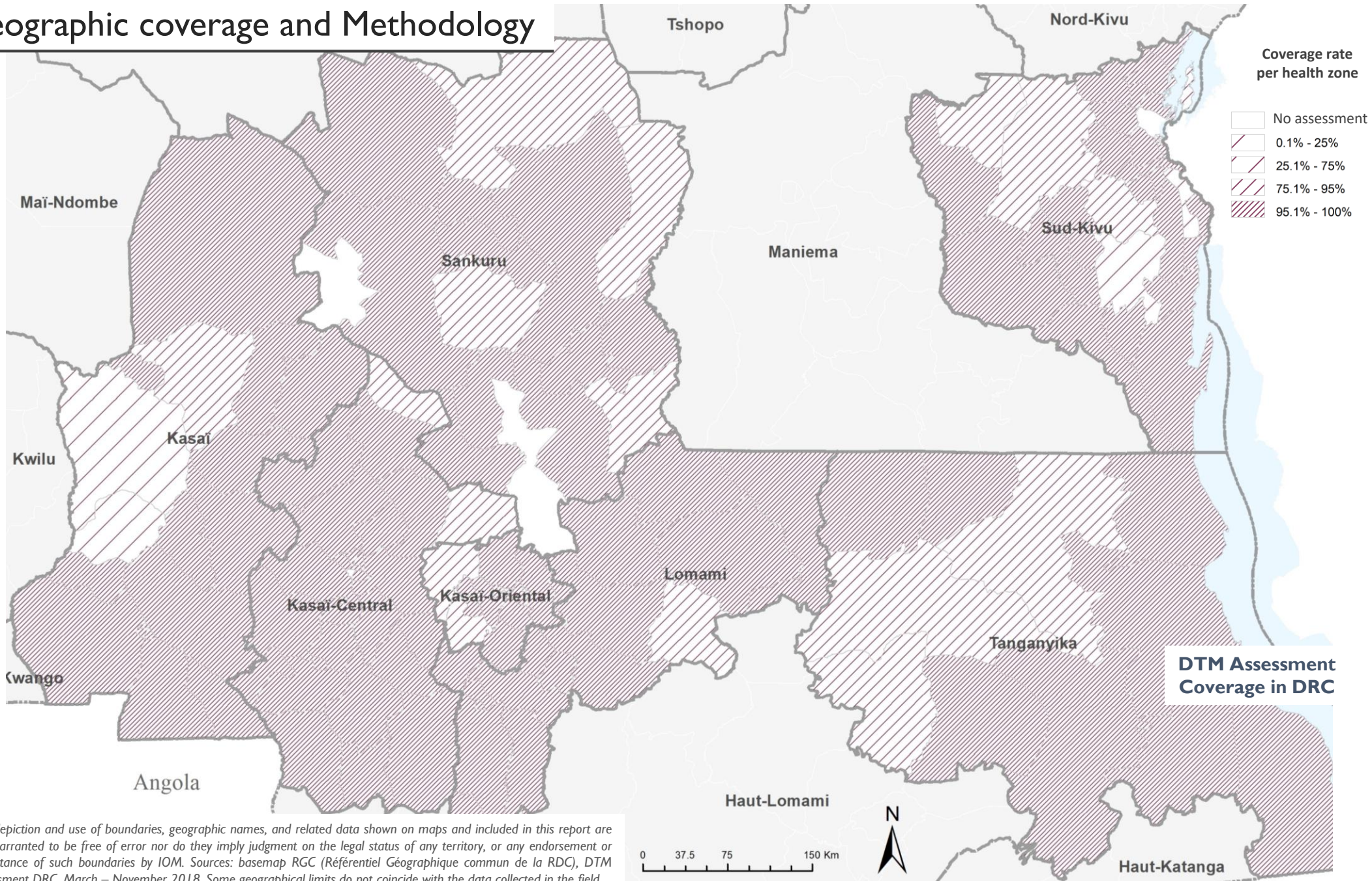gal status of any territory, or any endorsement or acceptance of such boundaries by IOM. Sources: basemap RGC (Référentiel Géographique commun de la RDC), DTM assessment DRC, March – November 2018. Some geographical limits do not coincide with the data collected in the field.

0   37.5   75   150 Km

DISPLACEMENT TRACKING MATRIX –
Democratic Republic of The Congo
Provinces of Kasaï, Kasaï Central, Kasaï Oriental, Lomami, Sankuru, South Kivu, Tanganyika

Key findings
February — November 2018

Assessment periods and main findings per province

Province	Data collection period (in 2018)	Total Number of IDPs	% IDPs	Total number of Returnees	% Returnees	Number of villages assessed	Number of recorded villages (DPS)	DTM coverage	Number of health zones assessed
KASAI	1 - 20 April, 3 - 31 July, and 3 - 28 November	451,118	15.2%	936,155	20.7%	2,800	2,740	102.2%	18
KASAI ORIENTAL	22 February - 16 March, 16 - 31 July, and 13 - 21 November	113,354	3.8%	185,014	4.1%	1,956	1,826	107.1%	19
LOMAMI	13 April - 12 May, and 20 July - 12 August	277,675	9.4%	279,149	6.2%	2,847	2,676	106.4%	16
SANKURU	11 - 30 April, and 18 July - 2 August	95,313	3.2%	37,105	0.8%	2,170	2,209	98.2%	14
SOUTH KIVU	23 March - 30 April, and 1 -23 July	844,966	28.5%	799,138	17.7%	4,140	2,931*	162.2%	34
TANGANYIKA	22 February - 16 March, 23 May -22 June, and 9 - 31 July	411,315	13.9%	722,583	16.0%	4,057	3,927	103.3%	11
KASAI CENTRAL	5 - 25 March, 3 - 31 July, and 5 - 23 November	770,523	26.0%	1,567,415	34.6%	4,155	3,910	106.3%	25
Total	**From 22 February to 28 November 2018**	**2,964,264**	**100.0%**	**4,526,559**	**100.0%**	**22,125**	**20,219**	**109.4%**	**137**

> **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). Villages are located within these health areas.*

Geographic coverage

DTM assessments were conducted in **137 health zones out of 140 health zones** recorded in the seven provinces covered by the DTM (Kasaï, Kasaï Central, Kasaï Oriental, Lomami, Sankuru, South Kivu, Tanganyika). Within these zones, nearly all the villages reported by the health provincial division (DPS) were evaluated. 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.** In sparsely populated areas in particular, where many villages are extremely isolated and disconnected from more densely populated areas, displaced populations' basic needs are acute and humanitarian assistance remains extremely low.

When the security and logistic conditions were favorable, villages were assessed several times. A total of 16,082 villages were evaluated once; 3,942 villages were evaluated twice and 2,101 were evaluated three times. The results provided in this report take into account the evolutions that have occured between the various rounds of data collection for the villages that were evaluated two or three times. For example, some IDPs who had been recorded during a first assessment in a village, and who had left at the time of the following round, were deducted from the total number of IDPs that were recorded during the first round.

1,906 villages, which were not included in the list provided by the DPS, were identified and assessed by field enumerators – this explains that for some provinces, the average coverage rates are greater than 100 %. The GPS coordinates of the majority of these villages were recorded**. Furthermore, enumerators were unable to find some of the villages listed by the DPS. While some

*** Information on the accessibility of the villages are available upon request.*

of the villages had been destroyed because of intercommunal conflicts or attacks by armed groups, others merged into one single unit under the control of the same village leader.

Some of these former villages also used to be provisional settlements developed by local population to respond to slash-and-burn-related agricultural activities and needs: Indeed, this agricultural technique is still extremely common in the country, especially in remote areas – the majority of the active population (55 %) in the DRC works in the agricultural sector, according to FAO (2014). This type of agriculture makes population move on a regular basis to find new areas to cultivate. Therefore, villages that were previously formally identified may have disappeared when local inhabitants moved to another area for agricultural purposes.

Methodology and limitations

Before going to the field, interviewers were properly trained and provided with a list of pre-codified villages. This codification system relies on the existing health area and health zone breakdown. For each village assessed, interviewers organised focus groups with at least two key informants. Informants were mainly nurses, doctors, village and community leaders or teachers, who agreed to answer together to a basic standard form provided by the DTM enumerators. When villages were not accessible, the form was filled either by phone or remotely, with key informants who had a very good knowledge of the villages assessed. Results provided in this report are always based on estimates provided by key informants.

* In the province of South Kivu, the DPS was not able to provide consolidated data informing on the number of villages per health area. The targeted number of villages to cover was determined using the data provided by the territorial administration.

DISPLACEMENT TRACKING MATRIX –
Democratic Republic of The Congo
Provinces of Kasaï, Kasaï Central, Kasaï Oriental, Lomami, Sankuru, South Kivu, Tanganyika

Key findings
February — November 2018

Internal Displacement

Most of the households were displaced in 2017 (58 %). In the provinces of South Kivu and Kasaï Oriental, 37 % and 30 % of the displacement movements occured in 2018, respectively. People were displaced mainly because of attacks by armed groups which led to 64 % of displacements. Nearly 29 % of the IDPs were displaced because of intercommunal conflicts. Furthermore, the rate of IDPs who fled because of food crisis has been increasing, from 5 % in 2016 to 9 % in 2018.
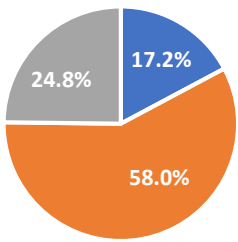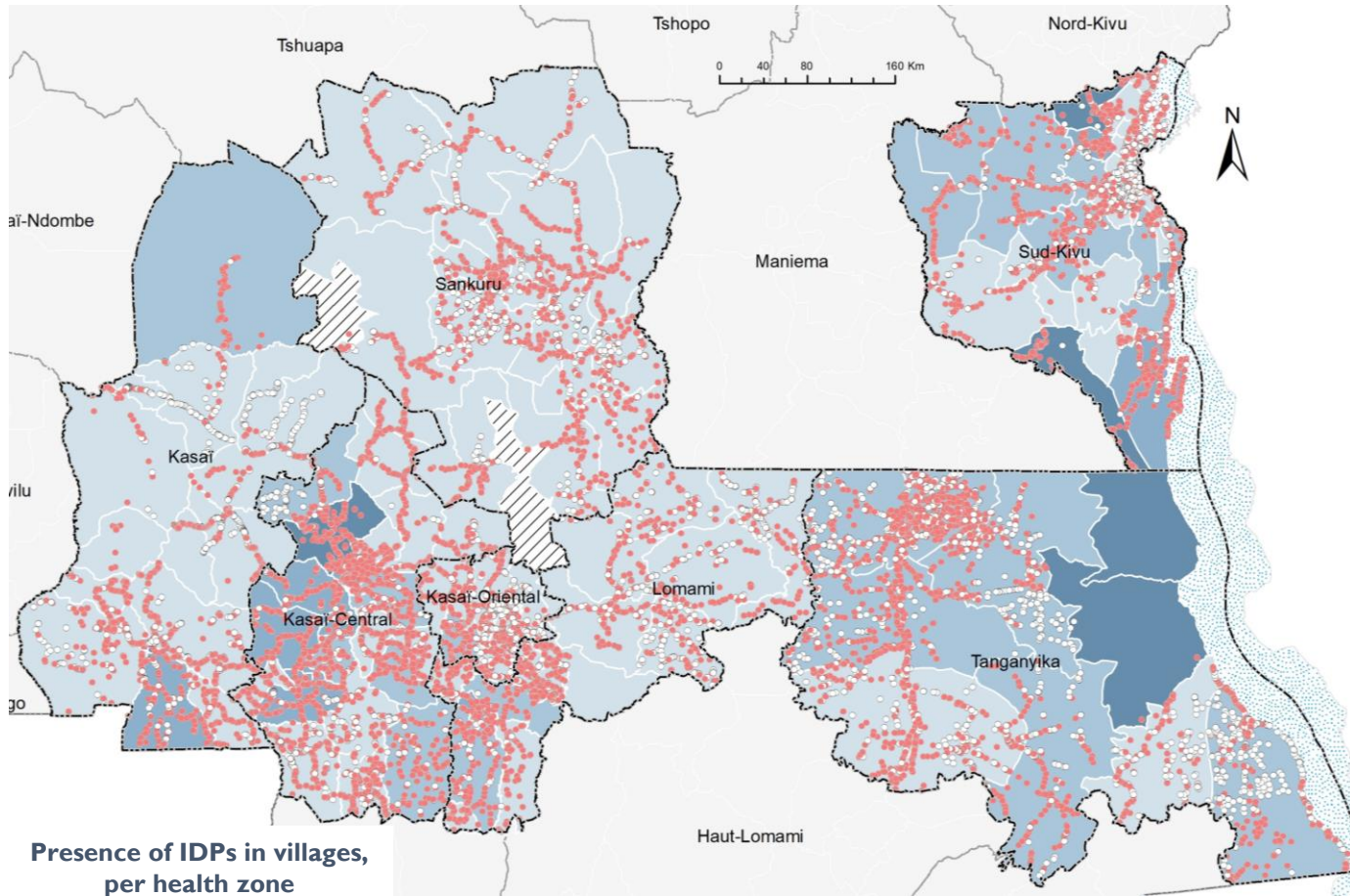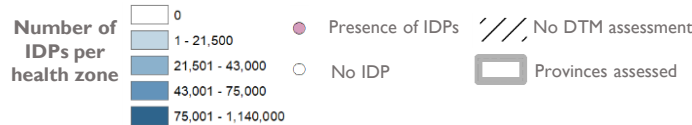
Displacement period

17.2%
58.0%
24.8%

- % of individuals displaced in 2016
- % of individuals displaced in 2017
- % of individuals displaced in 2018

Number of IDPs per displacement period and province

Province	Number of individuals displaced in 2016	Number of individuals displaced in 2017	Number of individuals displaced in 2018
Kasaï	36,323	369,066	45,729
Kasaï Central	71,804	483,906	214,813
Kasaï Oriental	17,684	61,230	34,440
Lomami	40,449	182,753	54,473
Sankuru	35,435	41,752	18,126
Sud Kivu	211,784	317,993	315,189
Tanganyika	96,718	262,239	52,358
Total	**510,197**	**1,718,939**	**735,128**

Reason for displacement

Food crisis, 4.7%
0.6%
0.3%
1.4%
Inter-communal conflict, 28.8%
Armed attacks, 64.2%

- No response
- Other
- Armed attacks
- Inter-communal conflict
- Food crisis
- Extortion / illegal taxes

Presence of IDPs in villages, per health zone

Number of IDPs per health zone
- 0
- 1 - 21,500
- 21,501 - 43,000
- 43,001 - 75,000
- 75,001 - 1,140,000

- ● Presence of IDPs
- ○ No IDP
- /// No DTM assessment
- Provinces assessed

Sources: basemap RGC (Référentiel Géographique commun de la RDC), DTM assessment DRC, March – November 2018. This map is for illustration purposes only. Some GPS coordinates are not available (in Tanganyika in particular). GPS coordinates have not been verified in the field.
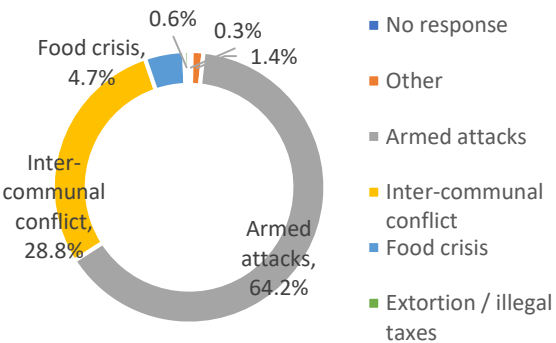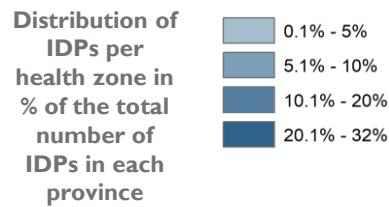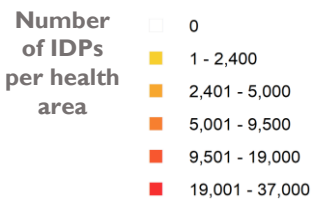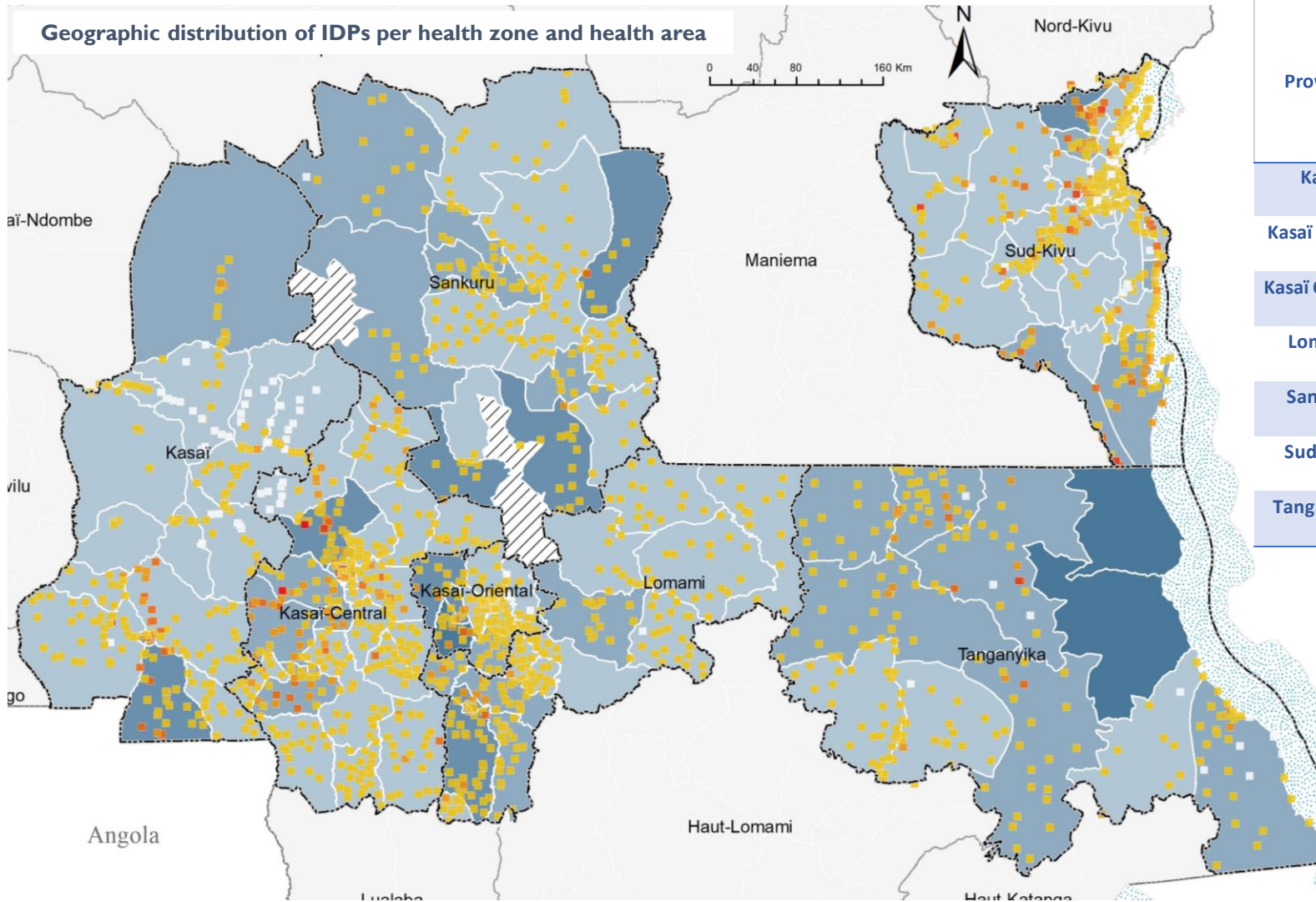
Reason for displacement	Number of Individuals displaced in 2016	% of individuals displaced in 2016	Number of Individuals displaced in 2017	% of individuals displaced in 2017	Number of individuals displaced in 2018	% of individuals displaced in 2018	Number of total IDPs	% of Total IDPs
Armed attacks	306,612	60.1%	1,166,430	67.9%	430,916	58.6%	1,903,958	**64.2%**
Inter-communal conflict	154,954	30.4%	488,317	28.4%	210,923	28.7%	854,194	**28.8%**
Food crisis	29,785	5.8%	37,342	2.2%	71,667	9.7%	138,794	**4.7%**
Other (natural disasters, epidemics, etc.)	11,780	2.3%	15,058	0.9%	14,686	2.0%	41,524	**1.4%**
Extortion / illegal taxes	4,282	0.8%	6,016	0.3%	6,567	0.9%	16,865	**0.6%**
No response	2,784	0.5%	5,776	0.3%	369	0.1%	8,929	**0.3%**
Total	**510,197**	**100.0%**	**1,718,939**	**100.0%**	**735,128**	**100.0%**	**2,964,264**	**100.0%**

Reason for displacement and displacement period (for the majority of IDPs)

5

DISPLACEMENT TRACKING MATRIX –
Democratic Republic of The Congo
Provinces of Kasaï, Kasaï Central, Kasaï Oriental, Lomami, Sankuru, South Kivu, Tanganyika

Key findings
February — November 2018

Geographic distribution of IDPs per health zone and health area

Province	Health zones most affected by forced displacement (per province)	Displacement rate according to the total nb of IDPs in the province	Ratio of displaced population /population estimates
Kasaï	Kanzala	19.9%	28.2%
	Kalonda Ouest	25.3%	30.5%
Kasaï Central	Mikalayi	9.7%	32.1%
	Demba	12.9%	27.8%
Kasaï Oriental	Kabeya Kamuanga	18.9%	9.3%
	Cilundu	31.2%	11.8%
Lomami	Kalenda	15.4%	19.5%
	Mwene-Ditu	16.4%	10.4%
Sankuru	Minga	14.8%	8.3%
	Lusambo	15.9%	15.7%
Sud Kivu	Kimbi Lulenge	9.4%	43.7%
	Bunyakiri	12.5%	42.2%
Tanganyika	Nyemba	21.8%	*Not avail.*
	Kalemie	24.4%	*Not avail.*

At the level of each province, the most affected health zones are **Kalonda ouest** in Kasaï, **Demba** in Kasaï Central, **Mwene-Ditu** in Lomami, **Cilundu in** Kasaï Oriental, **Lusambo** in Sankuru, **Bunyakiri** in South Kivu and **Kalémie** in Tanganyika. Each of these health zones received between 13 % and 31 % of the displaced population identified in each of these provinces. Furthermore, in these zones, the displaced population represents a sizeable weight compared to the respective local population, in particular in South Kivu, Kasaï and Kasaï Central : in the most affected areas of these provinces, the displaced population represents between 28 % and 44 % of the local population.

Number of IDPs per health area

☐	0
🟨	1 - 2,400
🟧	2,401 - 5,000
🟧	5,001 - 9,500
🟥	9,501 - 19,000
🟥	19,001 - 37,000

Distribution of IDPs per health zone in % of the total number of IDPs in each province

	0.1% - 5%
	5.1% - 10%
	10.1% - 20%
	20.1% - 32%

⫽⫽ No DTM assessment   ⬚ Provinces assessed

Sources: basemap RGC (Référentiel Géographique commun de la RDC), DTM assessment DRC, March – November 2018. This map is for illustration purposes only. Some GPS coordinates are not available (in Tanganyika in particular). GPS coordinates have not been verified in the field.
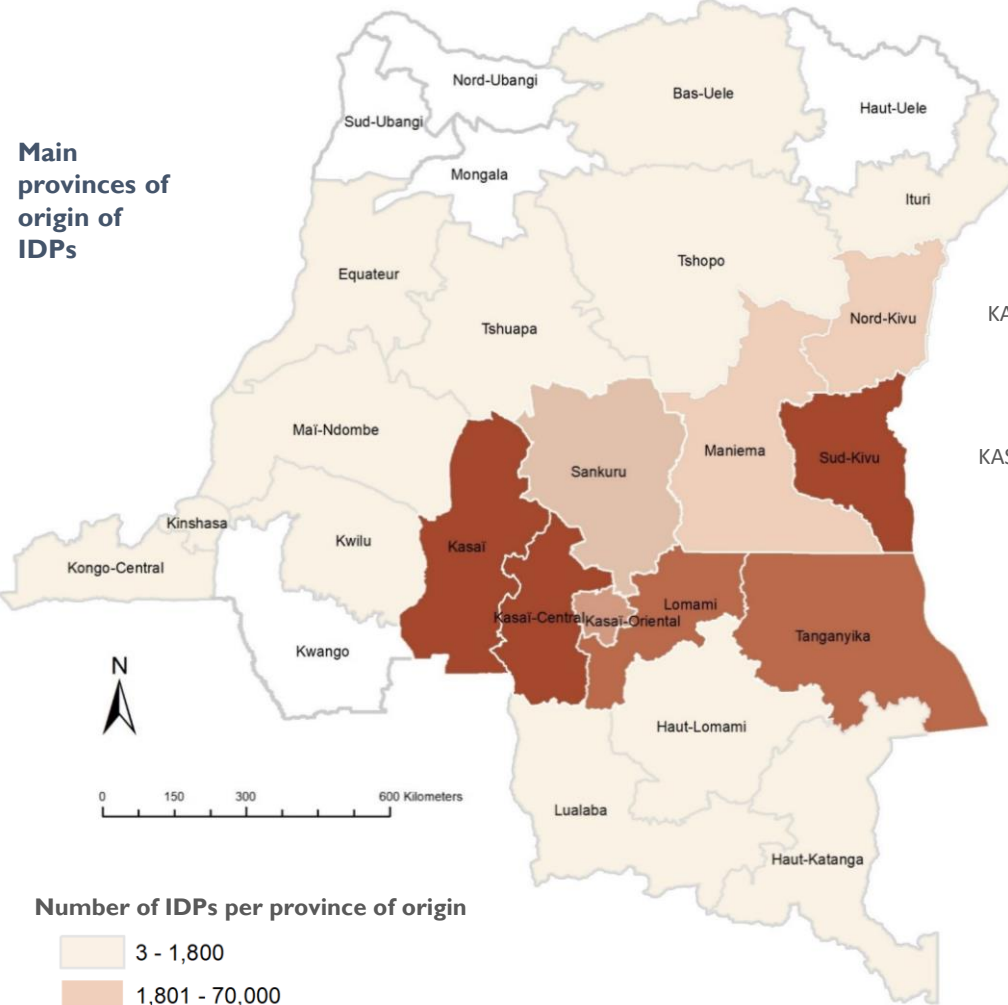
Overall, the displaced population identified in the seven provinces assessed accounts fo **9,8** % of the total population* in the given area. Although the presence of IDPs in other health zones is not among the most prevalent in the province, the number of IDPs as compared to the local population may be significant. This concerns health zones like Mikalayi in Kasaï Central, where IDPs account for 32,1% of the local population. In Sankuru, this ratio is the highest in Bena Dibele health zone: in this zone, IDPs account for 16.2 % of the local population. These population displacements can exert a significant pressure on host communuties and increase already existing needs.

* As estimated by DPS

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Key findings
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Origin of IDPs

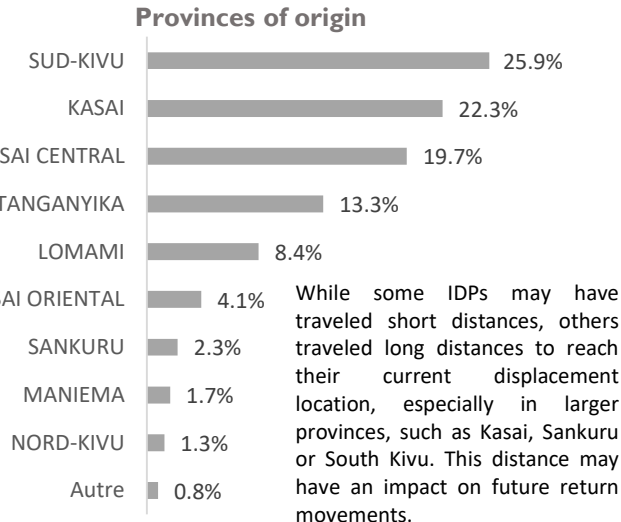**Main provinces of origin of IDPs**

Number of IDPs per province of origin

- 3 - 1,800
- 1,801 - 70,000
- 70,001 - 122,000
- 122,001 - 400,000
- 400,001 - 770,000

Sources: basemap RGC (Référentiel Géographique commun de la RDC), DTM assessment DRC, March – November 2018. This map is for illustration only. Some geographical limits do not coincide with the data collected in the field..

IDPs were generally displaced within their province of origin. Figures show that local population in the assessed provinces are extremely mobile. This mobility remains relatively local, however, as most of the displacement movements occur within each province, IDPs rarely cross the borders of their province of origin. While a large number of IDPs were displaced within a province, this does not necessarily entail that IDPs traveled short distances.

Provinces of origin

Province	%
SUD-KIVU	25.9%
KASAI	22.3%
KASAI CENTRAL	19.7%
TANGANYIKA	13.3%
LOMAMI	8.4%
KASAI ORIENTAL	4.1%
SANKURU	2.3%
MANIEMA	1.7%
NORD-KIVU	1.3%
Autre	0.8%

While some IDPs may have traveled short distances, others traveled long distances to reach their current displacement location, especially in larger provinces, such as Kasai, Sankuru or South Kivu. This distance may have an impact on future return movements.

It is worth highlighting that out of the 2 millions IDPs, nearly 8 % were displaced from Kasai to Kasai Central – the most important inter-province displacement flow. Furthermore, 1,7 % of IDPs coming from the province of Maniema (around 51 757 PDI) were identified in Lomami, Sankuru, South Kivu and Tanganyika provinces : most of these movements occurred in 2018 and were caused by armed attacks in Maniema – no DTM assessment has been conducted in this province thus far. In rural areas, field reports indicate that IDPs may intend to remain close to their village of origin in order to be able to keep control over their land. When possible, they hide in the forest in extreme conditions or stay in neighbouring villages in order to stay informed on the evolution of the security situation and potential return opportunities.

IDP movements : from provinces of origin to provinces of displacement
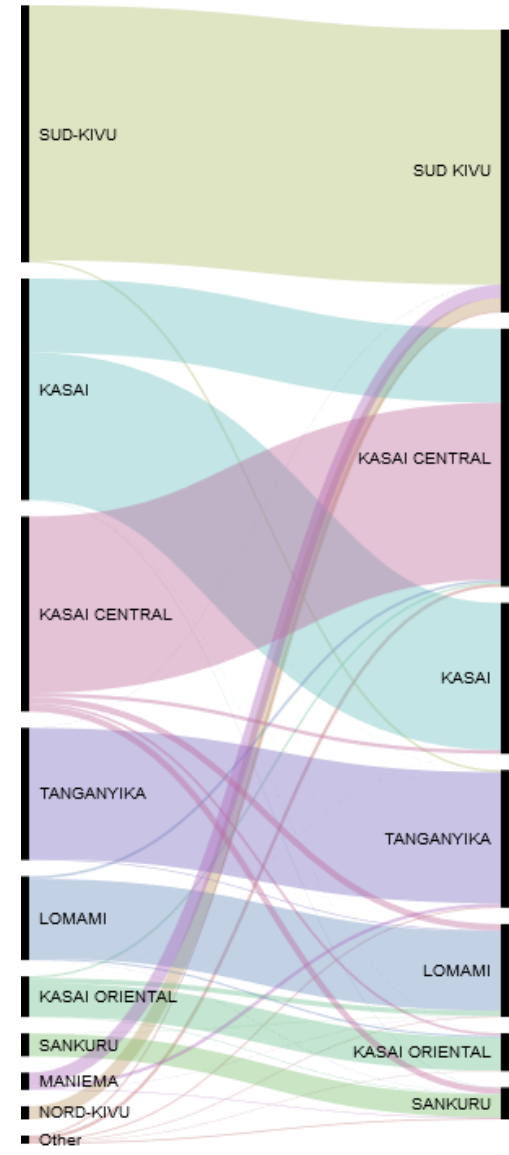
The fact that new villages were identified in the field and that others no longer exist also reflects this high degree of mobility in rural DRC. On one hand, this culture of mobility facilitates return and displacement movements in this region. On the other hand, internal displacement potentially constitutes a major obstacle to the long-term development of the agricultural sector to the extent that it prevents rural population from permanently settling in a given location and developing sustainable agricultural techniques. In other words, this high degree of mobility is also synonymous to precarity and poor living conditions in general.

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Key findings
February — November 2018

Return Movements (internal)

The data collected indicates that most of the return movements occured in 2017, and that 60 % of the returnees went back to their area of origin following an improvement in the security situation. Key informants also indicated that economic opportunities constituted a second driver fostering return movements. Field teams often highlighted that IDPs struggle to gather sufficient funds to return to their place of origin. The unstable security situation and the strong military presence in the field (in Kasai Central in particular) also deter them from returning home.
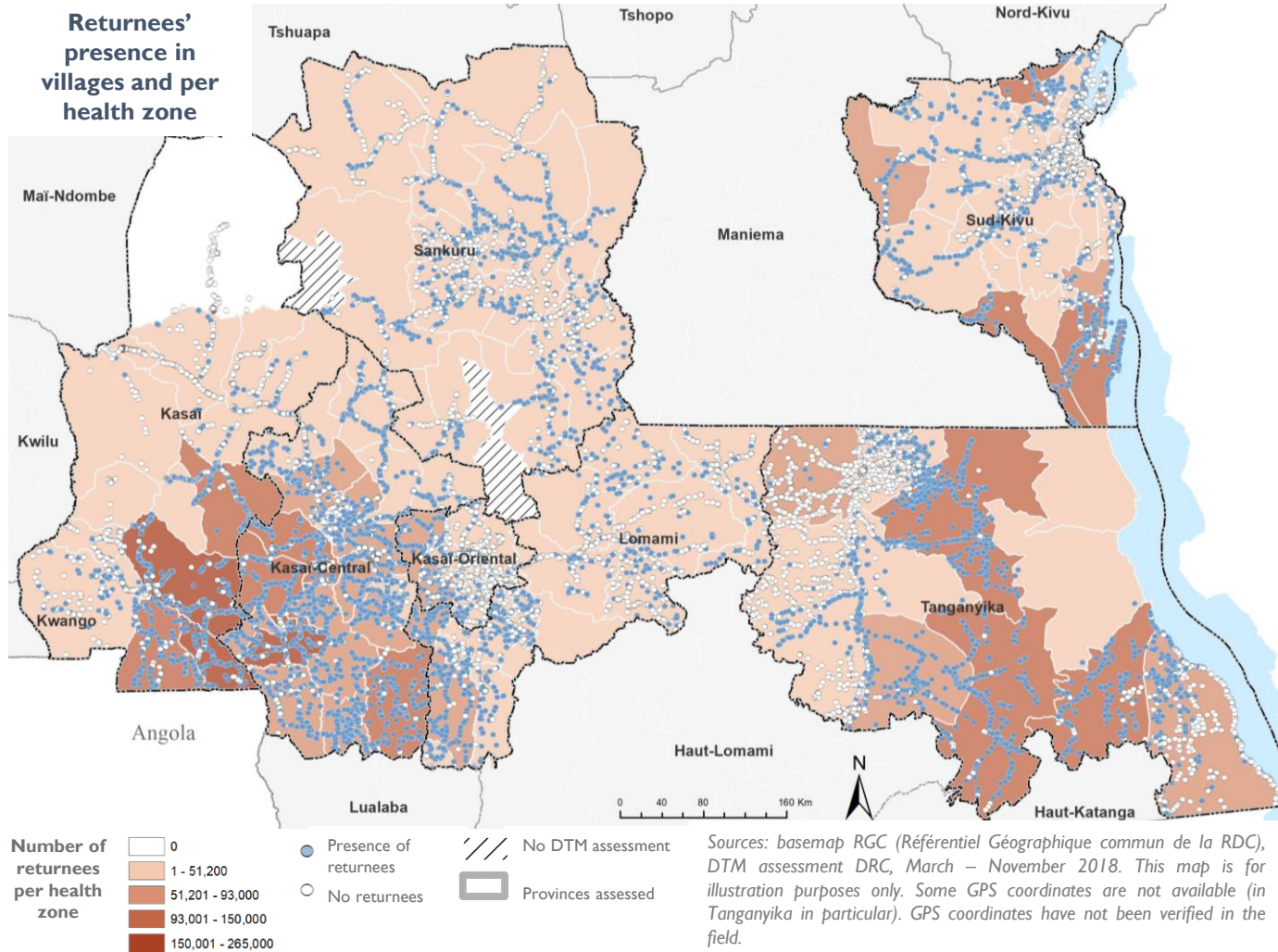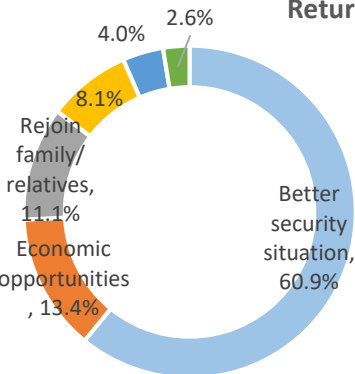
Return Period
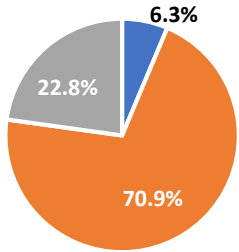
- Individuals returned in 2016
- Individuals returned in 2017
- Individuals returned in 2108

6.3%
22.8%
70.9%

Returnees' presence in villages and per health zone

Number of returnees per year and per province assessed

Province	Number of individuals returned in 2018	Number of individuals returned in 2017	Number of individuals returned in 2018
Kasaï	12,145	738,289	185,721
Kasaï Central	37,759	1,292,745	236,911
Kasaï Oriental	9,213	159,685	16,116
Lomami	7,450	222,183	49,516
Sankuru	10,886	16,122	10,097
Sud Kivu	187,757	314,320	297,061
Tanganyika	21,658	463,866	237,059
Total	**286,868**	**3,207,210**	**1,032,481**

Number of returnees per health zone

	0
	1 - 51,200
	51,201 - 93,000
	93,001 - 150,000
	150,001 - 265,000

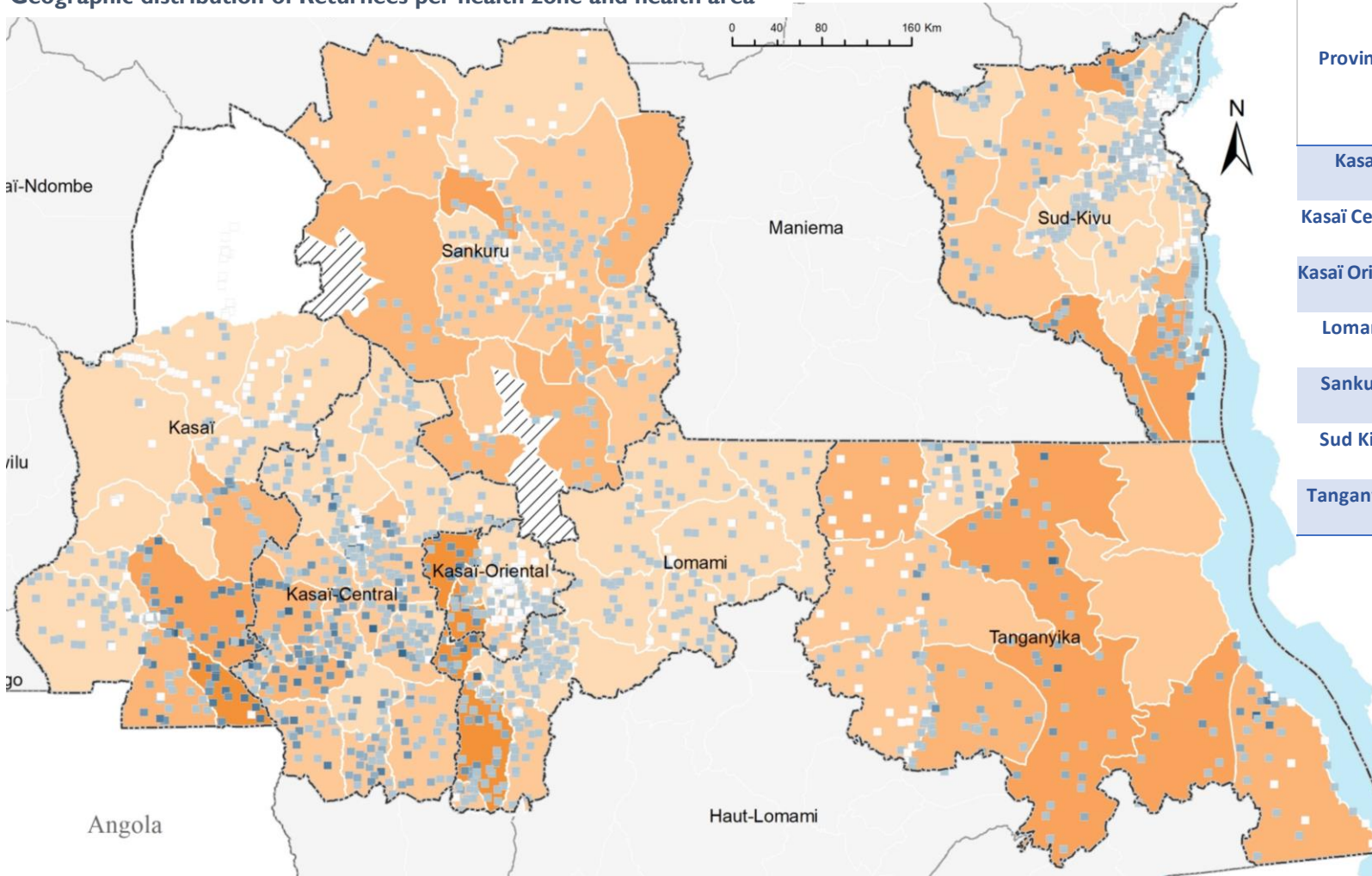- ● Presence of returnees
- ○ No returnees
- /// No DTM assessment
- ▢ Provinces assessed

Sources: basemap RGC (Référentiel Géographique commun de la RDC), DTM assessment DRC, March – November 2018. This map is for illustration purposes only. Some GPS coordinates are not available (in Tanganyika in particular). GPS coordinates have not been verified in the field.

Return drivers

2.6%
4.0%
8.1%
Rejoin family/ relatives, 11.1%
Economic opportunities, 13.4%
Better security situation, 60.9%

- ■ Better security situation
- ■ Economic opportunities
- ■ Rejoin family/ relatives
- ■ Better food security
- ■ Better health situation
- ■ Other / no response

Return drivers	Number of Individuals returned in 2016	% of Individuals returned in 2016	Number of Individuals returned in 2017	% of Individuals returned in 2017	Number of Individuals returned in 2108	% of Individuals returned in 2018	Total number of returned individuals	% returned individuals
Better security (conflits)	176,347	61.5%	2,018,061	62.9%	561,821	54.4%	2,756,229	60.9%
Economic opportunities	45,472	15.9%	421,714	13.1%	138,376	13.4%	605,562	13.4%
Rejoin family / relatives	33,216	11.6%	312,579	9.7%	156,062	15.1%	501,857	11.1%
Better food security	14,569	5.1%	241,683	7.5%	111,123	10.8%	367,375	8.1%
Better health situation	6,463	2.3%	142,453	4.4%	30,711	3.0%	179,627	4.0%
Other	5,778	2.0%	34,661	1.1%	15,727	1.5%	56,166	1.2%
School	4,240	1.5%	26,854	0.8%	9,441	0.9%	40,535	0.9%
No response	783	0.3%	9,205	0.3%	9,220	0.9%	19,208	0.4%
Total	**286,868**	**100.0%**	**3,207,210**	**100.0%**	**1,032,481**	**100.0%**	**4,526,559**	**100.0%**

Return drivers per return period

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Key findings
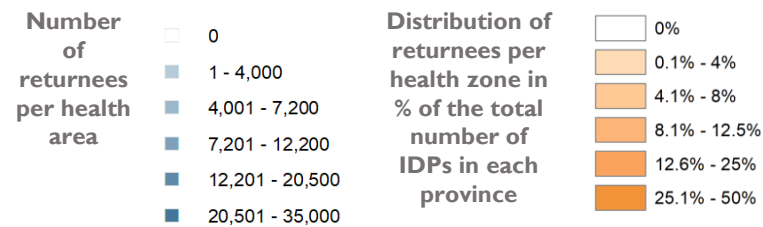February — November 2018

Geographic distribution of Returnees per health zone and health area

Province	Health zones most affected by internal return movements (per province)	Return rate according to the total number of returnees in the province	Ratio returned population /local population estimates in HZ (DPS)
Kasaï	Kamuesha	23.4%	59.2%
	Mutena	28.2%	85.5%
Kasaï Central	Ndekesha	9.2%	56.6%
	Tshibala	12.2%	81.4%
Kasaï Oriental	Cilundu	29.7%	18.4%
	Kabeya Kamuanga	48.8%	39.1%
Lomami	Kamiji	29.1%	75.4%
	Kalenda	29.3%	37.3%
Sankuru	Lusambo	12.5%	4.8%
	Omendjadi	14.8%	3.8%
Sud Kivu	Fizi	14.6%	29.6%
	Bunyakiri	14.9%	47.4%
Tanganyika	Kiambi	15.0%	70.3%
	Nyunzu	18.9%	66.0%

At the level of each province, the most affected health zones are **Mutena** in Kasaï**, Tshibala** in Kasaï Central**, Kabeya Kamuanga** in Kasaï Oriental, **Kalenda** in Lomami**, Omendjadi** in Sankuru**, Bunyakiri** in South Kivu and **Nyunzu** in Tanganyika. Each of these health zones received between 12 % and 49 % of the returnee population identified in each province. Individuals who returned to their area of origin in Sankuru do not account for more than 0,8 % of the total number of returnees identified in the provinces assessed. Returning areas do not always coincide with displacement.

Number of returnees per health area

	0
	1 - 4,000
	4,001 - 7,200
	7,201 - 12,200
	12,201 - 20,500
	20,501 - 35,000

Distribution of returnees per health zone in % of the total number of IDPs in each province

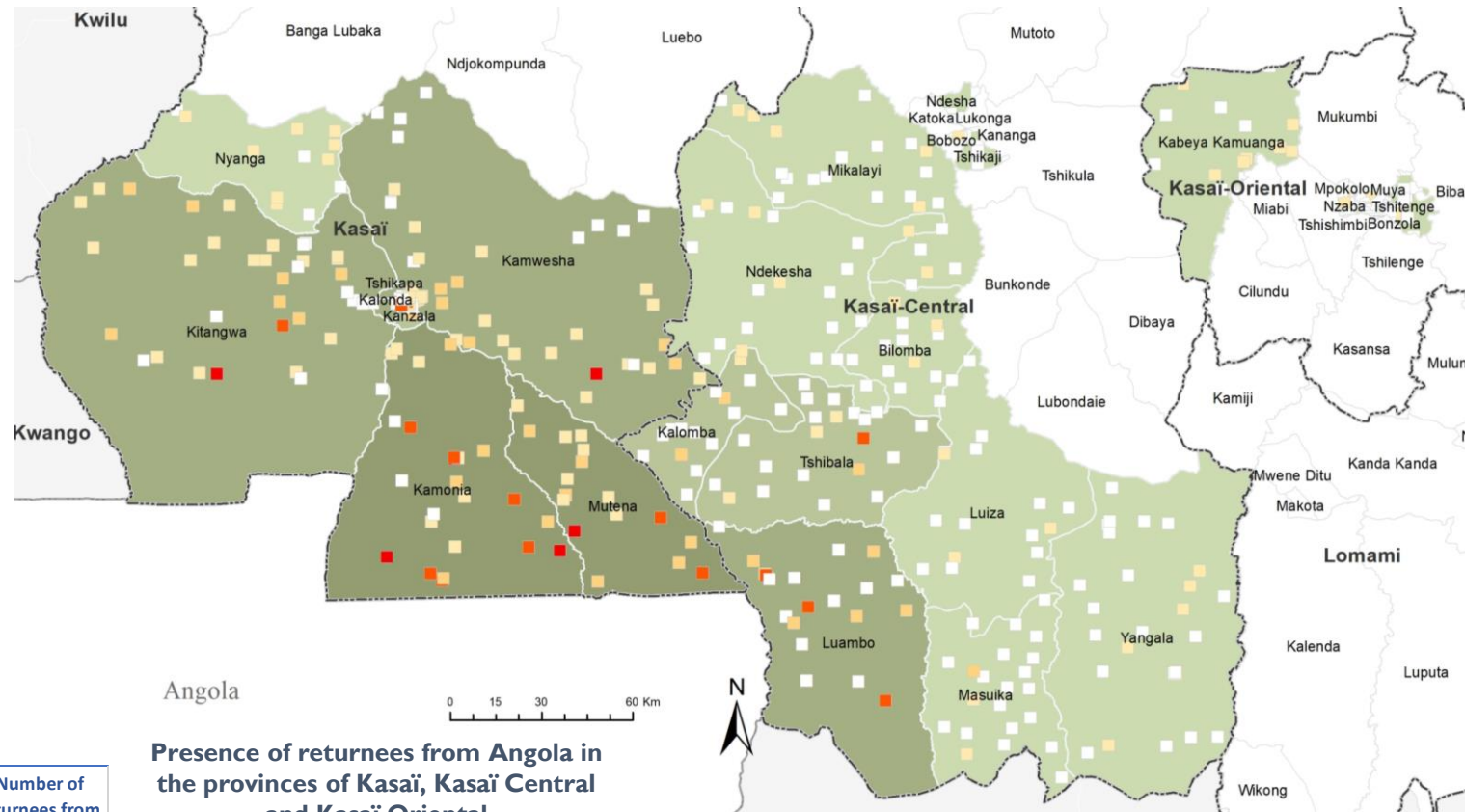|	
	0%
	0.1% - 4%
	4.1% - 8%
	8.1% - 12.5%
	12.6% - 25%
	25.1% - 50%

Sources: basemap RGC (Référentiel Géographique commun de la RDC), DTM assessment DRC, March – November 2018. This map is for illustration purposes only. Some GPS coordinates are not available (in Tanganyika in particular). GPS coordinates have not been verified in the field.
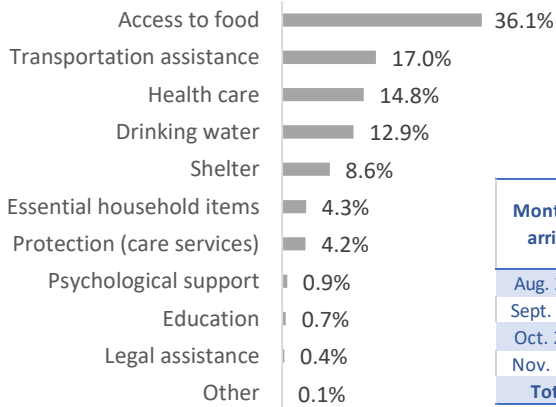
Moreover, in these zones, the returnee population represents a sizeable weight compared to the local population, in particular in Kasaï, Kasaï Central and Tanganyika: in the most affected zones of these provinces, returnees represent between 66 % and 86 % of the local population. Overall, the total returnee population that was identified in the seven provinces accounts for **15.7 %** of the local population* in the given area. Although the presence of returnees might not be as prevalent in other health zones of the province, the percentage of returnees, as compared to the size of the local population, may be significant. This concerns health zones like Bunkunde in Kasaï Central, where returnees account for 94 % of the local population. In South Kivu, this ratio is the highest in Kimbi Lulenge: in this zone, returnees account for 61 % of the local population.

Pas d'évaluation DTM   Provinces évaluées

*As estimated by DPS

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DISPLACEMENT TRACKING MATRIX –
Democratic Republic of The Congo
Provinces of Kasaï, Kasaï Central, Kasaï Oriental, Lomami, Sankuru, South Kivu, Tanganyika

Key findings
February — November 2018

Returnees from Angola

During the third quarter of 2018, nearly 250,000 Congolese nationals who had been settling in Angola for a couple of years, returned to the Democratic Republic of the Congo as a response to mass expulsions carried out by the Angolan authorities. This movement mainly affected the provinces of Kasaï, Kasaï Central, and, to a lesser extent, Kasaï Oriental, Kwilu, Kwango and Lualaba. DTM teams were able to assess the presence of these returnees in some areas where they were already operating in Kasaï, Kasaï Oriental and Kasaï Central from 3 to 28 November 2018. Results show that most of the returnees were suffering from a lack of access to food and that they needed support for transportation in order to travel back to their area of origin. Indeed, nearly 50 % of these returnees would like to return to their area of origin in the DRC. Returnees from Angola are mainly concentrated in the territories of **Kamonia** (16 %), **Luambo** (13 %), and **Mutena** (11 %).
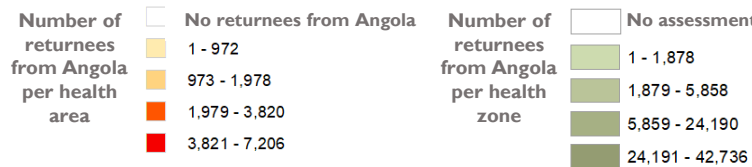
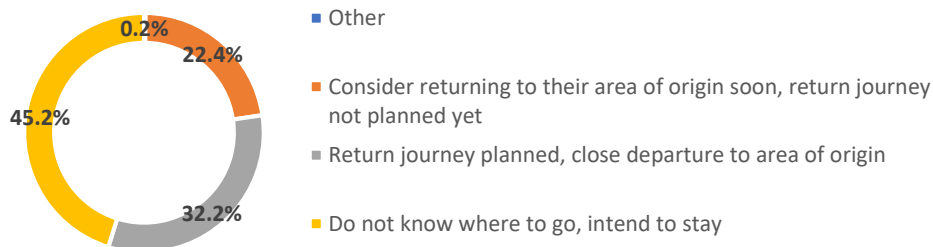## Priority needs of the majority of the Returnees from Angola

Need	%
Access to food	36.1%
Transportation assistance	17.0%
Health care	14.8%
Drinking water	12.9%
Shelter	8.6%
Essential household items	4.3%
Protection (care services)	4.2%
Psychological support	0.9%
Education	0.7%
Legal assistance	0.4%
Other	0.1%

Month of arrival	Number of returnees from Angola
Aug. 2018	1,600
Sept. 2018	3,500
Oct. 2018	242,902
Nov. 2018	6,146
Total	254,148

Presence of returnees from Angola in the provinces of Kasaï, Kasaï Central and Kasaï Oriental

Number of returnees from Angola per health area
- No returnees from Angola
- 1 - 972
- 973 - 1,978
- 1,979 - 3,820
- 3,821 - 7,206

Number of returnees from Angola per health zone
- No assessment
- 1 - 1,878
- 1,879 - 5,858
- 5,859 - 24,190
- 24,191 - 42,736

Sources: basemap RGC (Référentiel Géographique commun de la RDC), DTM assessment DRC, March — November 2018. This map is for illustration purposes only. Some GPS coordinates are not available. GPS coordinates have not been verified in the field.

Return intentions of the majority of the returnees from Angola

- 0.2%
- 22.4%
- 45.2%
- 32.2%

- ■ Other
- ■ Consider returning to their area of origin soon, return journey not planned yet
- ■ Return journey planned, close departure to area of origin
- ■ Do not know where to go, intend to stay

4 210
Villages where return movements were assessed

249 048
Individuals returned from Angola from 1/10/2018 to 28/11/2018 in the assessed territories *

34 505
Number of children under 5 among the returnees from Angola*

* Estimates.

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DISPLACEMENT TRACKING MATRIX –
Democratic Republic of The Congo
Provinces of Kasaï, Kasaï Central, Kasaï Oriental, Lomami, Sankuru, South Kivu, Tanganyika

Key findings
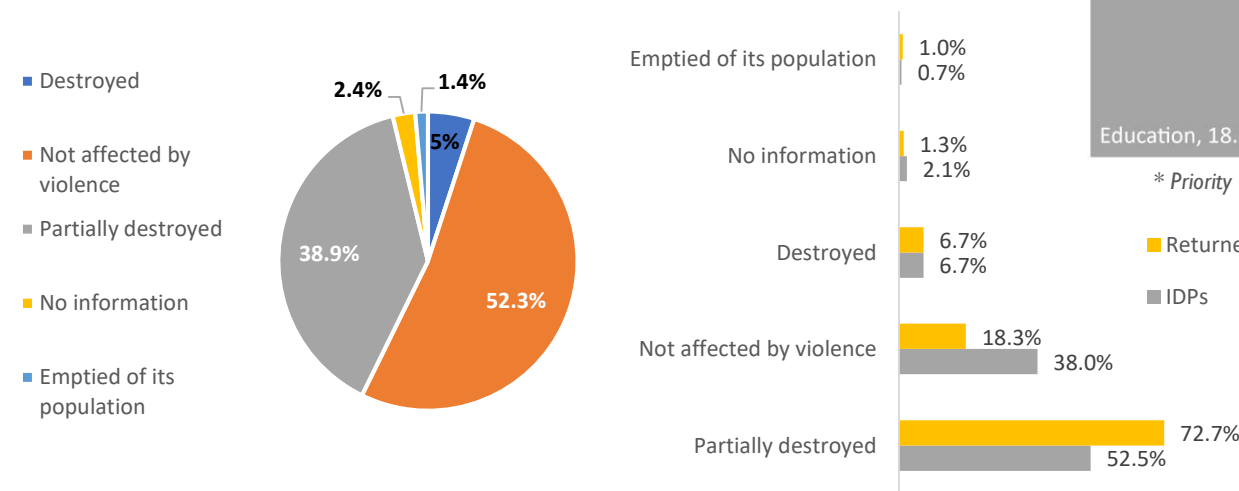February — November 2018

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Priority needs and access to infrastructures

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 low density in these areas. Indeed, the local population had access to an operational health center in only 31 % of assessed villages. In Kasai and Kasai Central, this rate reaches 51 % and 63 % respectively. Furthermore, on average, 44 % of the villages evaluated contained an operational school and only 14 % of the villages had an operational police antenna. Beyond these figures, field enumerators also reported severe protection incidents in Lomami (Kamiji, Wikong and Luputa health zones)* and suspected acute malnutrition cases in Kasai Central (Bena Tshiadi and Yangala health zones). More generally, field reports indicate that the level of humanitarian assistance in the province remains extremely low.

Internally displaced persons and returnees have been seeking relatively safer places - a fact reflected in the data collected, which showed that 52 % of assessed villages have not been affected by violence. However, 38 % of the villages have been partially destroyed and 5 % have been destroyed.

Priority needs in the villages assessed*

Drinking water, 22.7%
Access to food, 17.4%
Health care, 14.3%
Education, 18.5%
Shelter, 9.6%
Access to agricultural input and equipment, 5.2%
No information, 5.3%
Essential household items, 2.4%
Hygiene and sanitation, 2.4%
Protection (care services), 2.2%

* Priority needs were calculated from the sum of total IDPs and returnees. Priority needs were highlighted by key informants. More information on secondary needs are available upon request.

Situation of the villages assessed

- Destroyed — 1.4%
- Not affected by violence — 52.3%
- Partially destroyed — 38.9%
- No information — 2.4%
- Emptied of its population — 5%

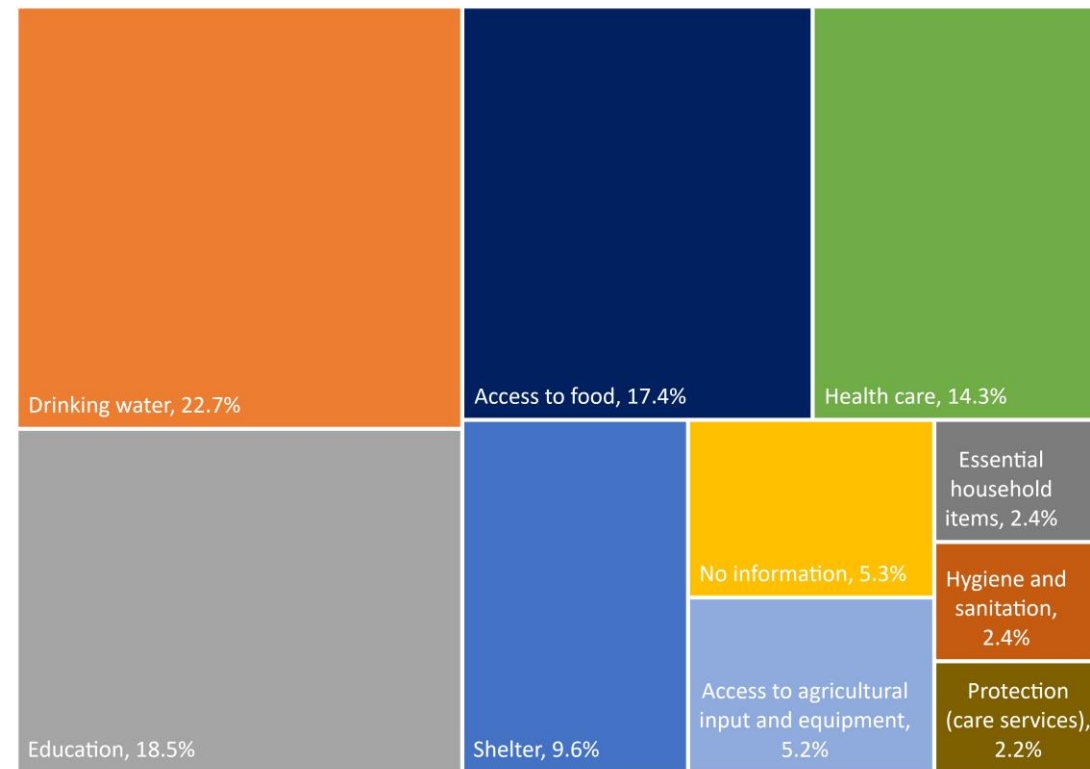|	Returnees	IDPs
Emptied of its population	1.0%	0.7%
No information	1.3%	2.1%
Destroyed	6.7%	6.7%
Not affected by violence	18.3%	38.0%
Partially destroyed	72.7%	52.5%

Respectively 72 % of the returnees and 52 % of the IDPs now live in partially destroyed villages whereas 18 % of the returnees and 38 % of the IDPs live in villages that were not affected by violence.
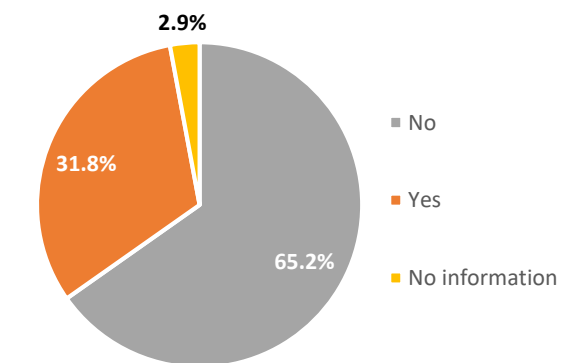
For 22 % of the IDPs and Returnees, access to drinking water has been highlighted as a priority need, followed by access to education (18 %) and access to food.

The majority of villages (62 %) have neither an operational health center, health post nor a hospital.

- No — 65.2%
- Yes — 31.8%
- No information — 2.9%

Villages with access to operational health infrastructures

DISPLACEMENT TRACKING MATRIX –
Democratic Republic of The Congo
Provinces of Kasaï, Kasaï Central, Kasaï Oriental, Lomami, Sankuru, South Kivu, Tanganyika

Key findings
February — November 2018

Territories affected by violence

Province	Number of villages destroyed	Number of villages partially destroyed	Number of villages emptied of their population
KASAI	81	1,164	70
KASAI CENTRAL	237	3,238	28
KASAI ORIENTAL	81	134	2
LOMAMI	32	464	13
SANKURU	21	303	30
SUD KIVU	467	2,090	91
TANGANYIKA	191	1,219	68
Total	**1,110**	**8,612**	**302**
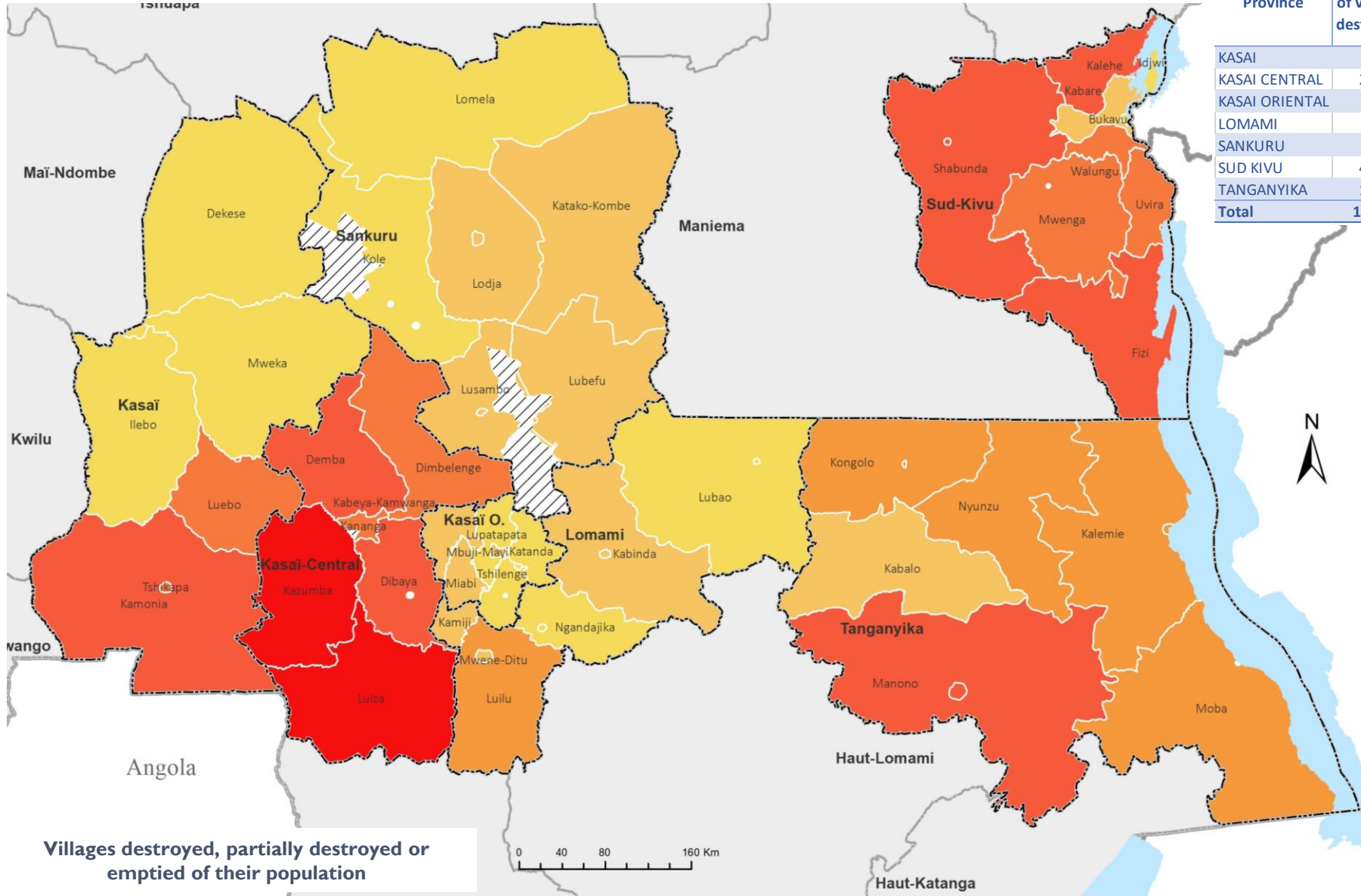
The territories that were most affected by violence are: **Kazumba**, **Luiza** and **Dibaya** in Kasaï Central; **Kamonia** in Kasaï, and **Shabunda** in South Kivu.

Number of villages affected by territory

- 1 - 37
- 38 - 133
- 134 - 281
- 282 - 368
- 369 - 632
- 633 - 916

- National boundaries
- No DTM assessment
- Provinces assessed

Sources: basemap RGC (Référentiel Géographique commun de la RDC), DTM assessment DRC, March – November 2018. This map is for illustration only. Some geographical limits do not coincide with the data collected in the field..

Villages destroyed, partially destroyed or emptied of their population

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