Briefing Note – 25 May 2017

DRC



Displacement in former Kasai region and in neighbouring provinces

Need for international	Not required	Low	Moderate	Significant	Major
assistance			Х		
	Very low	Low	Moderate	Significant	Major
Expected impact				Х	

Crisis overview

As of 12 May, approximately 1.3 million people have been displaced by fighting between in eight provinces since August 2016. As of 22 May, over 23,500 Congolese have fled to Angola since April. By mid-April 2017, at least 400 deaths have been recorded, including many civilians, but the number is likely higher.

Since August 2016, armed clashes have occurred between militia loyal to a local chief, Kamuina Nsapu, and FARDC in Kasai-Central, Kasai Oriental, Kasai, Lomami, and Sankuru. Violence has also occurred between different militia, and is now partly driven by ethnic tensions.

Key findings

Anticipated	
scope and	
scale	

Clashes are expected to continue in Kasai-Central, Kasai Oriental, Kasai, Lomami, and Sankuru, and to further spread in the neighbouring provinces of Lualaba and Haut-Lomami, driving further displacement. Conflict dynamics are evolving along ethnic lines, which may trigger new displacement.

- Food: Food stocks and animals have been stolen. Agricultural activities have been disrupted.
 - Health: Across all conflict-affected areas, many health facilities are non-operational or non-accessible and a lack of medicines has been reported as access is limited. In Kasai-Central, vaccination programmes have been disrupted for almost a year, increasing the risk of epidemics.
 - **Protection:** Ethnic tensions are rising. 2,000 children have been recruited by KN militia, and many more are at high risk of recruitment. 4,000 children have been separated from their families due to conflict-induced displacement.
 - Nutrition: 400,000 children are at risk of severe acute malnutrition.
 - Shelters: Thousands of houses have been burned down. Displaced people sometimes hide in the forest, and live in overcrowded camps.

Humanitarian Humanitarian access has been severely constrained due to conflict. Seven out of 16 territories in the five conflict-affected areas are not accessible due to security constraints.

Limitations

- All figures in the report are likely underestimated due to lack of access in affected areas.
- Lack of information on extent of damage to health and sanitation facilities, schools, and shelters.
- Lack of information on the sectoral needs of IDPs, returnees, host communities, refugees, and expelled Congolese refugees from Angola.

Crisis impact

Over 2.4 out of 18.8 million people have been affected in Kasai, Kasai-Central, Kasai Oriental, Lomami, and Sankuru (IOM 25/04/2017). At least 731,000 people are in need of humanitarian assistance as of 25 April. In Kasai-Central, humanitarian needs have increased by 400% since the figures released in the Humanitarian Response Plan in January (OCHA 25/04/2017). Displacement occurs daily, following conflict developments and includes cross-province and cross-border displacement (OCHA 20/04/2017).

As of 12 May, tentative breakdown of IDPs and returnees in Kasai crisis-affected provinces (including potential double-counting due to pendulum, preventive, and secondary displacement):

Province	Total population	IDPs	Returnees	Refugees	Host communities
Kasai-Central	4,125,700	766,500	_	-	99,000
Kasai	4,088,700	333,900	_	-	-
Kasai-Oriental	5,364,500	64,300	97,100	-	31,000
Lomami	2,831,700	92,400	43,300	-	-
Sankuru	1,784,300	14,000	-	-	-
Haut-Lomami	3,496,200	400	-	-	-
Lualaba	2,011,900	28,000	-	-	-
Kwilu	4,458,600	2,200	_	-	-
Luanda Norte (Angola)	-	-	-	23,515 *	-
Total	28,161,600	1,301,700	140,400	23,515	130,000

* as of 22 May 2017

Source: OCHA 17/05/2017, UNHCR 22/05/2017, OCHA 05/05/2017, OCHA 27/04/2017, OCHA 20/04/2017, OCHA 07/04/2017

As of 12 May, over 1.3 million people have been internally displaced in Kasai, Kasai-Central, Kasai-Oriental, Lomami, Sankuru, and Lualaba since August 2016, including 140,000 people over 13–27 April, and another 123,700 from 28 April to 12 May. The latest displacement occurred mainly in Kasai, Kasai-Central and Lomami , although between 5

and 12 May, Kwilu province recorded its very first wave of IDPs, with 2,200 people from Kasai. (OCHA 17/05/2017, OCHA 05/05/2017, OCHA 20/04/2017, OCHA 27/04/2017).

As of 12 May, there are 766,500 IDPs in Kasai-Central, 333,900 in Kasai, 64,300 in Kasai Oriental, 92,400 in Lomami, 28,000 in Lualaba, 14,000 in Sankuru, 2,200 in Kwilu, and 400 in Haut-Lomami (OCHA 17/05/2017, OCHA 05/05/2017, OCHA 20/04/2017, OCHA 27/04/2017).

Since April, over 23,500 people from DRC have fled to Luanda province, Angola, mainly from Kamako, Kasai province. An average of 500 people are arriving every day (UNHCR 22/05/2017). They are settled in two transit sites (UNHCR 19/05/2017). 8,414 refugees in Angola have been deported to DRC since January 2017, most of them to Kamako, Kasai (0CHA 20/04/2017).

Over 140,000 displaced people had returned to their homes in Kasai-Oriental and Lomami as of 5 May due to an improvement in security (OCHA 05/05/2017, OCHA 20/04/2017).

Food: The border with Angola is closed, and Angola is the main supplier to Kasai province. Access to markets is disrupted by insecurity. Food prices have gone up by 60% in some markets in Kasai (OCHA 17/05/2017). In May, food shortages in Kamako, Kasai, has forced people to flee to Angola (UNHCR 22/05/2017).

The displaced population faces food insecurity, as food stock and animals have been stolen (ECHO 18/04/2017). Planting and agricultural activities are disrupted as access to crops is limited due to insecurity (UNICEF 24/05/2017). The May–June maize harvest will likely be disrupted (FEWSNET 31/03/2017). In December destruction of crops and food stock in Dibaya territory, Kasai-Central ,affected about 100,000 people (FAO 03/05/2017).

Health: In Kasai-Central, one in three health centres are no longer functional (UNICEF 21/04/2017). On 7 May, health centres in Nsalamushimba, Ngweji and Mulopo, Kasai-Central were burned down in fighting between FARDC and militia (OCHA 17/05/2017). Since April, Kalamba health zone, Lualaba, has run out of medicine. In the same area, looting of health centres has been reported (OCHA 17/05/2017). In Kasai-Central, 106,000 children have not been reached by vaccination programmes for almost one year (OCHA 17/05/2017). As of mid-April, 58 health districts in five regions had been affected by the disruption to supplies (ECHO 18/04/2017). In Sankuru, security constraints have disrupted supplies of medicines (OCHA 05/05/2017).

Dense populations in displacement means there is a risk of epidemics such as measles. Epidemiological surveillance is hindered by limited services (OCHA 03/04/2017). A cholera outbreak has been reported in Bukama, Haut-Lomami with 210 suspected cases since 1 January: 92 were reported between 1 and 14 May (OCHA 22/05/2017). **Protection:** 600,000 children have been displaced so far (UNICEF 21/04/2017). More than 4,000 children have been separated from their families during displacement (UNICEF 21/04/2017). Some 2,000 children have been recruited by militias.

At least 40 mass graves have been found (Le Monde 20/04/2017).

There are reports of arbitrary detention, physical abuse, and extortion of DRC refugees in Angola (OCHA 20/04/2017). As of late April, 2,400 people were reportedly stranded at the border with Angola (OCHA 27/04/2017).

WASH: Across affected areas, use of drinking water from unsafe sources has been reported as those displaced people hiding in the forest do not have access to improved water sources (ECHO 18/04/2017). Refugees arriving in Angola are in need of clean water (UNHCR 21/04/2017).

Nutrition: In Kabeya Kamuanga health district, Kasai Oriental, SAM is over 10%. Other health districts in Kasai Oriental have also reported SAM levels over the emergency threshold. Eight health zones in Kasai region have been put on nutrition alert (UNICEF 24/05/2017). 400,000 children are at risk of severe acute malnutrition in Kasai region. The quality of treatment is negatively impacted by the crisis and is below the national average with the cured rate at 74%, the death rate at 3%, and the default rate 25% – above the acceptable benchmark of 15% (UNICEF 31/03/2017, OCHA 05/05/2017).

Shelter and NFIs: Hundreds of homes have been burned down: 900 in Luambo and Yangala health zones, and over 200 in Mshika health zone, Kasai-Central, on 6–7 May (OCHA 17/05/2017); 200 in Kazumba territory, Kasai-Central, on 27 April (OCHA 05/05/2017); 122 in Miabi territory, Lomami, in May (OCHA 17/05/2017); 250 in Kapanga territory, Lualaba on 6–10 April (OCHA 11/05/2017). Looting and damage to shelter is also reported (OCHA 11/01/2017).

The two transit camps for refugees in Angola are reportedly overcrowded, and cannot accommodate new refugees (UNCHR 22/05/2017).

Education: In Kasai-Central, final exams could not take place in 15 out of 72 education centres due to insecurity (OCHA 05/05/2017). Militia threatened staff, to prevent them from holding the exams (Radio Okapi 02/05/2017). More than 350 schools have been destroyed in Kasai-Central and Kasai-Oriental (UNICEF 21/04/2017, United Nations 21/04/2017). On 7 May, FARDC destroyed two schools in Luilu territory, Lomami (OCHA 17/05/2017). Some schools have been targeted by KN militia in protest at high education fees. (RFI 10/03/2017). On 6– 10 April, several schools were looted by alleged KN militia in Kapanga territory, Lualaba (OCHA 11/05/2017).

As of February, 4.8% of schools and 53,000 children were affected. 38,000 children were no longer attending school in Kasai, Kasai-Central, and Kasai-Oriental. It can be assumed that the situation has worsened since (OCHA 28/02/2017).

Vulnerable groups affected

The majority of people fleeing violence are women and children, who are vulnerable to sexual violence by both militia and state armed forces.

Children, women, and elderly make up nearly 80% of registered DRC refugees in Angola. However, recent arrivals have shown a higher proportion of men among refugees (UNHCR 22/05/2017).

Children are particularly at risk of recruitment by militia and local armed groups. There are reports of parents sending their children to Angola to avoid recruitment by militia (UNHCR 21/04/2017).

Humanitarian constraints

- Insecurity hinders, reduces and delays response in conflict-affected areas especially Kasai and Kasai-Central (OCHA 17/05/2017).
- Seven out of 16 territories in the five conflict-affected provinces are not accessible due to security constraints (OCHA 12/04/2017).
- Deployment of FARDC troops prevents returns and delays implementation of response (OCHA 05/05/2017).
- The affected areas make up an area the size of Italy. Roads are in poor condition due to the rainy season, making physical access challenging (ECHO 18/04/2017). In Haut-Lomami, 82% of roads are impassable (OCHA 30/03/2017).
- Presence of humanitarian workers in the affected areas is new. Local communities lack awareness of humanitarian activities (OCHA 12/04/2017).

Aggravating factors

Rainy season

The October–June rainy season hinders access and mobility within and around the affected provinces. The rainy season also increases the risk of waterborne and mosquitoborne diseases. Refugees – especially children – arriving in Angola report high levels of diarrhoea and malaria (UNHCR 21/04/2017).

Cholera outbreak

In Bukama territory, Haut-Lomami province, 210 suspected cholera cases were reported from 1 January to 14 May; 92 of the cases were reported from 1–14 May. This outbreak is the result of the population being forced to collect water from the polluted Congo River after Bukama's water supply system was damaged (OCHA 22/05/2017). Outbreak control measures are hindered by limited access due to damaged roads. Lack of medicine has been reported, which will further facilitate disease transmission (OCHA 11/05/2017).

Election-related tensions

Tensions related to the scheduling of elections, which should have been held in November 2016, have escalated into violence on a number of occasions since 2015 across DRC, resulting in a high civilian death toll. On 31 December 2016, the ruling coalition and opposition members agreed to hold elections in 2017 (The Guardian 31/12/2016). The registration of voters started in early January, but has been delayed in many areas, including Kasai and Kasai-Central, due to violence (Radio Okapi 26/04/2017).

Contextual information

Drivers of the current conflict

Tensions between state and traditional authorities in Kasai-Central triggered the conflict (ICG 21/03/2017). Traditional chiefs are appointed according to local traditions, and then recognised by state authorities. The chief is in principle apolitical but is often pressured to align with the ruling coalition. In early 2016, authorities refused to recognise the traditional appointment of Jean-Pierre Mpandi as Kamuina Nsapu – the hereditary title of the chief of the Bajila Kasanga (Kasai-Central), a group of several villages in the province. This was allegedly because Mpandi was considered close to the opposition and an opponent of the presidential majority (ICG 21/03/2017). Following this refusal, Mpandi

increasingly opposed the state and its representatives, including the Independent National Electoral Commission (CENI).

Since August 2016, when Mpandi was killed in fighting with state forces, the security situation in the Kasai region has significantly deteriorated, as the KN militia have sought to avenge his death. Attacks on state institutions have intensified in Kasai-Central, and spread to Kasai, Kasai-Oriental, and some areas of Lomami and Sankuru.

Conflict is developing beyond political grievances and taking on an ethnic dimension, pitting groups who consider themselves as native to the region (Tchokwe and Pende - mostly from the south of the Kasai provinces) against those they describe as non-natives (Lulua and Luba) (OCHA 05/05/2017). Numerous self-defence groups have been set up on an ethnic basis and check-points put in place to check ethnic identity (OCHA 17/05/2017).

Relevant stakeholders

Kamuina Nsapu militia: Kamuina Nsapu is the hereditary title for the chief of Bajila Kasanga (or Bashila) a group of several villages in Dibataie sector, Kasai-Central. Jean-Pierre Mpandi (Kamuina Nsapu) was a tribal leader who was killed in fighting on 12 August 2016. He had vowed to rid Kasai-Central province of all state security forces, accusing them of abusing the local population, and withholding a large share of the state's wealth. Since August 2016, KN militia have sought to avenge his death, and continue his battle against state security forces. The exact number of fighters is currently unknown. On 16 April, Jacques Kabeya Ntumba Mupala was designated as the successor of Mpandi. A political solution with the KN militia could be reached with the provincial authorities, as Mupala may be recognised by the central government. As of mid-April, KN militia is reportedly made up of several dozens of relatively autonomous groups with varying agendas.

Armed Forces of DRC (FARDC): The majority of FARDC members are land forces, but it also has a small air force and an even smaller navy. Together, the three services are estimated to number between 144,000 and 159,000 personnel (IBI Times 29/10/2015). FARDC has been active in the region since 2009, fighting insecurity due to violence between local communities (Radio Okapi 09/11/2010). Relations between FARDC and local populations have been tense. FARDC reportedly carried out 140 extrajudicial killings of civilians in Kasai between July and October 2016 (VAC 14/12/2016). As of January, local populations have lost confidence in the armed forces because they have not succeeded in putting an end to the fighting. This may lead local populations to support KN militia (OCHA 11/01/2017). Since mid-August 2016, clashes between FARDC and KN militia have taken place in the Kasai region (ICG 21/03/2017).

The UN Stabilization Mission in DRC (MONUSCO): MONUSCO is composed of over 19,000 troops, as well as military observers and police units. The mission has three priorities: protecting civilians, stabilising the country, and supporting implementation of the Peace, Security, and Cooperation Framework for the DRC and the region (IBT 25/02/2016). In January, MONUSCO deployed over 100 troops to Kasai-Central (Radio Okapi 12/01/2017).

International and neighbouring countries' relationship to the conflict

In December 2016, MONUSCO condemned the increasing levels of violence in Kasai and Kasai-Central (MONUSCO 6/12/2016). On 12 January, it deployed over 100 troops to Kananga (Kasai-Central) to support the local government's security response (Radio Okapi 12/01/2017). The deployment has not led to a significant decrease in violence in the region (Radio Okapi 01/02/2017).

On 19 April, Angolan authorities deployed forces to the border to increase security, in response to the influx of DRC refugees (Radio Okapi 19/04/2017). Angola and DRC have a contentious relationship regarding DRC refugees in northern Angola: most are considered illegal economic migrants, who are working in diamond mines in Luanda Norte region (Africa Times 16/04/2017).

Response capacity

Local and national response capacity

Nearly 40 humanitarian actors operate in the affected regions. More than one-third of the projects these organisations implement are concentrated in Tshikapa, Kasai province (OCHA 20/04/2017).

Local NGOs, civil society members, and local authorities are the key providers of assessments on displacement and needs. However, the reliability of their assessments cannot be verified (OCHA 20/04/2017).

International response capacity

Several agencies have announced their intention to respond to OCHA's emergency appeal in April, requesting USD 64.5 million to respond to the needs of 731,000 people, but significant funding gaps remain (OCHA 05/05/2017).

Only UNICEF has an office in Kasai region while OCHA relies on information provided by its partners (UNICEF 17/04/2017).

A response has also been funded for DRC refugees in Angola, led by IOM (IOM 25/04/2017) In Angola's reception centres, health, food, shelter, and NFI assistance has been provided by UN agencies and partners (UNHCR 22/05/2017, UNHCR 08/05/2017).

Population coping mechanisms

- Displaced populations are adopting negative coping mechanisms to cover basic food and water needs, such as prostitution, harvesting of premature crops, and use of unsafe water (UNICEF 21/04/2017).
- There are reports of injured civilians resorting to traditional medicine rather than going to health facilities (ECHO 18/04/2017).

Information gaps and needs

- Lack of information on the extent of damage to health and sanitation facilities, schools, and shelters, including the breakdown per territory.
- Lack of information on the sectoral needs of IDPs, returnees, host communities, refugees, and refugees expelled from Angola.
- Due to widespread insecurity in Kasai and Kasai-Central, reliability of information is low as it is based on unverified assessments carried out by local actors. In Lomami, Sankuru, Lualaba, and Haut Lomami, figures are based on unverified alerts raised by local actors (OCHA 20/04/2017).

Lessons learned

- High density in displacement sites accentuates the risk of outbreaks. Public health services are the key sources for early detection of outbreaks such as measles, yellow fever, and Ebola through access and data collection (OCHA 03/04/2017).
- Analysis of displacement patterns in DRC shows that IDPs prefer to stay close to their place of origin, with displacement to the nearest town common (FMreview 2010).

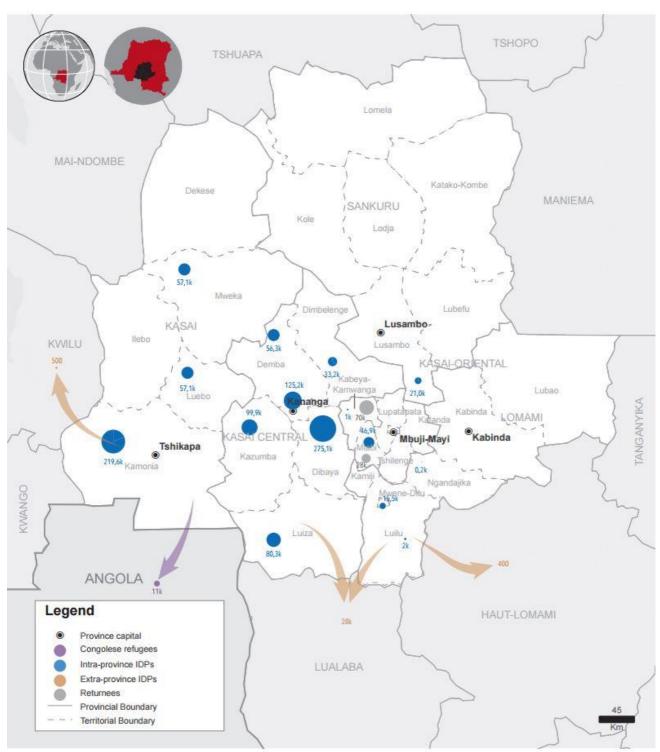
Key characteristics of host population and area

Key indicators	DRC	Kasai-Central, Kasai, Kasai Oriental, Lomami, and Sankuru*
Total population	81,331,050	18,194,960
% population in rural areas	57.5%	86.9% (Kasai-Occidental)*
Gender and age distribution of population	50% female, 50% male 42.2% under 15	50% female, 50% male 50% under 15 (Kasai-Occidental)
State capital	Kinshasa	Kananga (Kasai-Central), Mbuji-Mayi (Kasai-Oriental), Luebo (Kasai), Lusambo (Sankuru), Kabinda (Lomami)
Lighting and cooking sources	Population using wood for cooking: 66.2% Population using charcoal for cooking: 28.9% Population using electricity for cooking: 4.6% Population using other fuels for cooking: 0.2% Population using kerosene for cooking: 0.1%	
WASH	Access to improved sanitation: urban: 28.5% of population, rural: 28.7% of population, total: 28.7% of population (2015 est.) Access to improved drinking water source: urban: 81.1% of population, rural: 31.2% of population, total: 52.4% of population (2015 est.)	Access to improved drinking water source: 4% (Kasai-Occidental)
Health figures	Maternal mortality: 693 deaths/100,000 live births (2015 est.) Infant mortality: 69.8 deaths/1,000 live births (2016 est.) Under-five mortality: 118.5/1,000 live births (2013)	Infant mortality: 68 deaths/1,000 live births Under-five mortality: 135/1,000 live births (2013) (Kasai-Occidental)
Food security	5.9 million people faced Crisis (IPC Phase 3) and Emergency (IPC Phase 4) food security outcomes in 2016	45% moderately food insecure, 12% severely food insecure (as Kasai-Occidental)
Nutrition levels	Under-five acute malnutrition: 7.9% (2014) Under-five underweight: 22.6% (2014) Under-five chronic malnutrition: 42.7% (2014)	Under-five acute malnutrition: 7.2% (2014) Under-five underweight: 30.5% (2014) Under-five chronic malnutrition: 51.7% (2014) (Kasai-Occidental)
Literacy rates	Total population: 63.8% Male: 78.1% Female: 50% (2015 est.)	

Sources: CIA World Factbook, FAO, OCHA, Global Alliance on Clean Cookstoves, WHO, UNDP, USAID, Statoids

*Kasai-Central, Kasai, Kasai Oriental, Lomami, and Sankuru were formerly one province: Kasai-Occidental. Kasai-Occidental was a province from 1966 until 2015, when it was separated into the current provinces.

Displacement in Kasai region, 20 April 2017*



Source: OCHA 20/04/2017

*This map does not include the displacement of 78,000 people in Kasai-Central between 20-27 April OCHA 27/04/2017), the displacement of 100,000 people from 28 April to 4 May mostly in Lomami province (OCHA 05/05/2017) and the displacement of 23,700 people from 5 to 12 May mostly in Kasai province (OCHA 17/122/2017).