

DRC

Displacement from Angola

Over 257,800 people have returned from northeastern Angola to the greater Kasai region of DRC since 1 October. During displacement, DRC nationals have experienced violence and human rights abuses, and many have arrived with almost nothing. Food, medical, protection and shelter interventions are required, as the host communities in greater Kasai were themselves already facing severe food insecurity and a cholera outbreak.

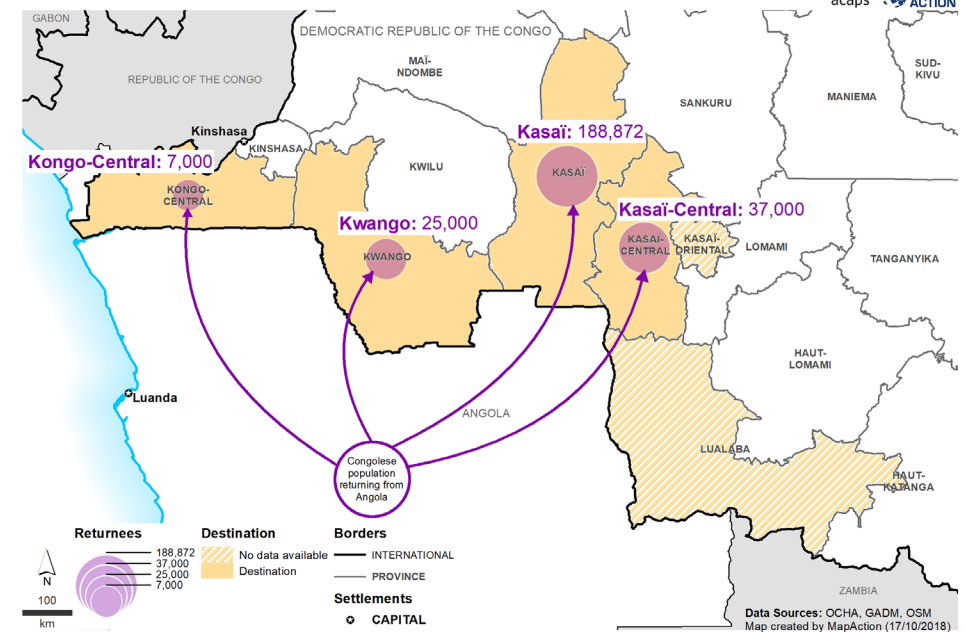
NEED FOR INTERNATIONAL ASSISTANCE



IMPACT



Displacement from Angola to DRC, between 1 - 16 October 2018



Anticipated scope and scale

The greater Kasai region is suffering from **a cholera outbreak and severe food security issues**, likely to be exacerbated by this latest onset of displacement and also fuel underlying tensions that exist due to previous inter-communal conflict. The number of displaced people is expected to **continue rising**, but local health and WASH infrastructure is not adequate enough to support the extra population. Risks of conflict, and an increase in the cholera caseload are likely, particularly given that Kasai is now in its rainy season.

Key priorities



+257,800
Displaced



Emergency Shelter
Urgently Required



Protection risks

Humanitarian constraints



Although some improvements were observed this past year, insecurity causes major access constraints in the Kasai province. Physical access constraints are also likely to delay response.

Limitations

It is not clear how many of the displaced are refugees, how many are migrants and how many are nationals of another country also swept up in the mass movement of people.

Crisis impact

At least 257,800 Congolese nationals have returned from northeastern Angola, mostly from Lunda Norte province, between 1 October and 15 October, while returns are ongoing at a steady rate as of 17 October. Some 75% of the returnees as of 15 October are located in Kasai province, entering via the Kamonia Health Zone (OCHA 16/10/2018). These numbers however continue rising, and official estimates are likely to be lower than the real number of returns as some returnees are returning through informal routes and not via checkpoints (Reuters 14/10/2018).

The sudden swell of returnees is due to a campaign by Angolan authorities to send unregistered migrants, working mostly as miners in Angola's diamond industry, back to DRC. Angola has seen an increase in the number of arrivals of Congolese miners as a result of the crisis in Kasai region that started in 2016. The government gave migrants a period of time in which to leave, which ended on 15 October. Although the Angolan government claims all returns are voluntary there have been reports of forced returns. Returnees have faced violence, gender based violence, theft of personal possessions, forced displacement among other protection concerns, both while leaving Angola and during their transit back to DRC (Reuters 16/10/2018, Reuters 14/10/2018, UNHCR 16/10/2018, OCHA 16/10/2018, The East African 15/10/2018, Radio Okapi 21/08/2017). The displacement back to DRC is the largest movement of this kind in recent years (OCHA 16/10/2018). As displacement continues several urgent needs have emerged, including safe transportation of returnees to their areas of origin, temporary shelter for the large amount of displaced, drinking water and food, as well as medical services and protection interventions. Local WASH and health infrastructure is insufficient to meet the demands of the host and displaced populations (IOM 16/10/2018, OCHA 16/10/2018).

Safe Transportation: Safe transportation is a pressing need to ensure that civilians leaving Angola can safely reach suitable camps and transit points in Kasai, and onwards to their places of origin once inside DRC. Many returnees face protection concerns on the road, and 34 DRC nationals were killed in a traffic accident, after being forced by police to get into a truck leaving Lunda Norte, Angola to DRC on 9 October (Actualite 9/10/2018). Many DRC returnees wish to return to their areas of origin, and safe transportation will ease the impact of a significantly increased population in Kasai, central Kasai and Kwango provinces (OCHA 16/10/2018).

Shelter and NFIs: Due to the large numbers of people returning to greater Kasai each day, transitional and emergency shelters are an urgent priority as host communities are not equipped to receive people in such high numbers. The lack of existing infrastructure has led to people sheltering in churches, unfinished housing, schools, markets and in the open, all of which lack adequate sanitation facilities for the displaced population and host

communities (OCHA 16/10/2018, RFI Africa 9/10/2018). This need is exacerbated by the ongoing rainy season (CAID accessed 17/10/2018).

Reports suggest many people have been forced to flee only with what they can carry, so mattresses, jerry cans and sanitation items are required (The East African 15/10/2018, Reuters 14/10/2018).

Protection: The rapid onset nature of the displacement combined with several factors including a history of inter-communal violence, forced displacement, and SGBV issues has raised several protection concerns for returnees.

While leaving Angola, several returnees have reported incidents of house burning, looting, SGBV attacks, and attacks by armed Tchokwe militias and Angolan security forces. Several people have reportedly been killed during the violence, with numbers varying and most incidents currently unverifiable, however anecdotal reports of groups of men wielding machetes and burning homes are common (RFI Africa 9/10/2018, Reuters 16/10/2018).

When arriving in DRC, mostly in Kamonia, returnees are further exposed to risks. One returnee was killed in Kamonia after tensions arose with the host community (OCHA 16/10/2018). Kasai has experienced a wave of inter-communal violence since mid-2016 which still creates periodic incidents of violence between groups and communities.

The influx of young and now unemployed workers may exacerbate underlying ethnic tensions in the region due to competition over resources in an area experiencing both severe food insecurity and a cholera outbreak (OCHA 16/10/2018). An unknown number of refugees from previous incidents of violence may have been returned to DRC in the mass displacement, and are likely to face reprisal when returning to their communities of origin or while in displacement camps (UNHCR 16/10/2018). Additionally, reporting suggests that unaccompanied minors have been arriving in DRC without caregivers, and that many parents have been separated from their children in the population movement (IOM 16/10/2018, The East African 15/10/2018). The loss of capital invested in housing, land and property both by those forced to flee their houses in Angola, and for those returning to DRC to find their houses destroyed, will reduce the purchasing power of displaced people.

Food: Earlier in 2018 returns from Angola also occurred and returnees faced food insecurity as many came back with few personal possessions to find their homes and lands destroyed (Radio Okapi 09/07/2018). As the current displacement is the largest in recent years, and people again left their homes with little to no resources, food needs are expected to be high.

Education: Anecdotal reporting suggests schools in Kamako are being inhabited by the returnees and classes are being disrupted (Actualite 15/10/2018).

Health: Health responses are ongoing but health needs and emergency healthcare needs are still being reported (OCHA 16/10/2018). Due to incidents of violence during displacement,

trauma care and psychosocial care are likely to be pressing needs. Pre and neo-natal care for pregnant and lactating woman are expected (IOM 16/10/2018). No spike in cholera cases has been reported, however the ongoing cholera outbreak is an aggravating factor for health and nutrition interventions. There are six hospitals and 457 health centres in Kamonia, 93.4% of which are private (CAID 31/03/2017). It is unclear how many are still functional after the collapse of the health system caused by the conflict.

Nutrition: In greater Kasai, 770,000 children under five are suffering from acute malnutrition, 400,000 of which are severely malnourished. As returnee populations continue to flow into Kasai, the availability of food is likely to be insufficient to support the needs of people in the region, exacerbating the impact and scope of malnutrition (CISION 11/05/2018).

WASH: The greater Kasai region has a dilapidated and insufficient WASH infrastructure which has contributed to several cholera outbreaks (between 2002 and 2004, 2017 and in 2018) (NRC 28/05/2018). The complete collapse of the health system and deterioration of WASH infrastructure have facilitated the development and spread of waterborne diseases such as cholera in the region (IFRC 09/01/2018). The general state of WASH infrastructure in the areas returnees are being displaced to is not sufficient to cope with the increased population, and adequate latrine coverage in camps and transit sites will be crucial to stop the spread of cholera in the region, which is ongoing.

Vulnerable groups affected

Women and girls are a particularly vulnerable group due to the risk of gender-based violence by armed groups and government forces in Kasai region. Violence, including sexual violence and harassment by security forces was reported at both sides of the border (UNHCR 16/10/2018). In the first half of 2018, dozens of violations including rape and extrajudicial executions were documented (Amnesty International 27/06/2018 ; OHCHR 26/06/2018).

Women and girls staying in temporary shelters such as schools, churches, unfinished houses and makeshift shelters, also face increased risk to abuse and exploitation (Amnesty International 27/06/2018). Overcrowding at temporary shelters, with a lack of privacy and inadequate toilets and washing facilities, increases the risks and vulnerability of women and girls to gender-based violence, sexual exploitation and abuse. Pregnant and breastfeeding women crossing back into DRC are likely to have increased medical and food needs. Children are at risk of being separated from their primary caregivers (UNHCR 16/10/2018).

Humanitarian and operational constraints

Insecurity causes major access constraints in Kasai, where several areas are inaccessible. Since July 2018, humanitarian access in Mutema zone, near Tshikapa, is severely impeded due to poor roads and a ferry malfunction (OCHA 27/07/2018). In 2018 most areas are back under the control of FARDC, but sporadic clashes between militias and government forces are still reported and intercommunal tensions are high (Amnesty International 27/06/2018).

Aggravating factors

Food Security

The greater Kasai region faces IPC Phase 3 (Crisis) food security outcomes and this trend is expected to continue into January 2019 (FEWS NET October 2018). The lack of food availability is likely to cause conflict over resources within and between communities.

Political stability and security

One of the current drivers of the cholera outbreak in Greater Kasai is the conflict that started in August 2016, when local militia Kamuina Nsapu began to clash with the FARDC. The conflict soon deteriorated: violent acts against civilians became increasingly frequent, intercommunal tensions between populations flared, and basic services such as health, education, and agriculture were disrupted (UNHCR 06/03/2018).

In 2018, the situation has stabilised, and FARDC have regained control of most areas in Kasai. However, intercommunal tensions are ongoing, and clashes between armed groups continue. As recently as February 11,000 people were displaced in Kasai Oriental. There were a total of 897,476 IDPs across the region at the end of June, including 605,000 who were displaced in 2017. Around 1.45 million of the 1.7 million people displaced in the Greater Kasai region since August 2016 have returned to their homes (UNHCR 06/03/2018/ OCHA 22/06/2018). These returnees are facing high levels of food insecurity, and some have lost their homes and land due to the conflict (Radio Okapi 09/07/2018).

Cholera

Since the beginning of 2018 to 23 September, a total of 21,112 cholera cases were reported including 691 deaths (CFR 3.3%). In week 38 (week ending 23 September 2018), a total of 724 cases with 18 deaths (CFR 2.5%) were reported. More than 90% of the cases reported were from Kasai, Kasai Oriental, Tanganyika, Katanga, Kongo Central, and Sankuru (WHO 5/10/2018). The number of cases has been increasing since the end of July. Inadequate WASH facilities in temporary shelters as well as the likelihood of open defecation and makeshift shelters increases the risk of spreading cholera.

Rainy Season

The main rainy season in southeast DRC lasts from September to mid-April (FEWS NET 05/2017). This increases the vulnerability of Angolan returnees living in the open and makeshift shelters. The rainy season aggravates the risk of spreading waterborne and respiratory diseases due to the severe lack of WASH facilities and unsanitary conditions.

Response capacity

Local and national response capacity

The DRC government stated that they would be activating the Special Fund for Humanitarian Assistance for Congolese citizens that have been expelled from Angola. The government has also stated that they will increase the speed of implementation of response measures, coordinating and evacuating the returnees to their place of origin (Radio Okapi 17/10/2018). On 11 October, the governor of Kasai province set up a crisis committee to provide food and health assistance (Actualite 12/10/2018). International actors are closely coordinating with Angolan and DRC governments.

The Kamako Local Crisis Committee in Kamako, which has been installed by Kamonia Territory Administrator Anacletus Muswa Kapinga, is working together with IOM to provide food and medical assistance to those that have been expelled. There is no data on the number of local and national NGOs responding (IOM 16/10/2018).

International response capacity

UN agencies have organised coordination meetings for initial assessment and response. On 8 October, a CLIO meeting was held in Tshikapa, Kasai District to provide an overview of the situation. Assessments are ongoing to provide an overview of the humanitarian needs of the returnees.

As of 11 October, reports indicate that international actors are responding by providing water, food, NFIs, sanitary kits, and transfers to health centres at Kamako border. The most vulnerable groups are prioritised. Other NGOs have indicated that they will provide food assistance when movements have stabilised (OCHA 16/10/2018). Returnees are being screened by UNHCR at the border (OCHA 16/10/2018).

Information gaps and needs

There is a lack of geographical information on the forced returnees including disaggregated data by age and gender. There is no clear data distinguishing between migrants and refugees that have been forced to return. More information on health, WASH and local non-governmental response would improve understanding of the situation.

There is a lack of disaggregated data on vulnerable groups affected, including women, elderly people, children and persons with disabilities.

Lessons learned

High density in displacement sites accentuates the risk of communicable 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).

MAP

Displacement from Angola to DRC, between 1 - 16 October 2018

