

Briefing Note – 13 October 2017

# ZAMBIA

## Influx of refugees from DRC



|                                   | Not required | Low | Moderate | Significant | Major |
|-----------------------------------|--------------|-----|----------|-------------|-------|
| Need for international assistance |              |     | X        |             |       |
| Expected impact                   | Very low     | Low | Moderate | Significant | Major |

### Crisis overview

Over 3,360 refugees from the Democratic Republic of Congo (DRC) fled into Zambia between 30 August and 3 October 2017. The refugees have been fleeing inter-ethnic conflicts as well as clashes between government forces and armed militias in Haut-Katanga province. Several of them have reported extreme brutality committed by all parties against civilians.

The total number of refugees in Zambia in 2017 is estimated at 60,000. Given the current security situation in the southeast of DRC, flows of refugees across the border are expected to continue. The refugees are reliant on humanitarian assistance. Priority sectors for assistance are emergency shelter, health, and WASH. Other needs include food and relief materials.

### Key findings

#### Anticipated scope and scale

As the security situation is not expected to improve in the upcoming weeks in Haut-Katanga, DRC, up to 40,000 refugees could flee into Zambia over the next six months. Such an influx could overwhelm the ongoing assistance provided to refugees.

#### Key priorities

The influx of new refugees into Zambia has led to people living in overcrowded settlements with high needs for shelter, healthcare, and WASH facilities in order to mitigate the risk of disease outbreaks.

- **Shelter:** Emergency shelter is a critical need as hosting sites are overcrowded and some refugees have been sleeping in the open.
- **Health:** Most refugees are in poor health condition, especially children. Risk of disease outbreaks is high.
- **WASH:** Water supplies are needed at reception centres and sanitation is a challenge at hosting sites.

#### Humanitarian constraints

Even though national and local actors have been responding, more resources are needed to meet the needs which are expected to rise with the new influx of refugees in the coming weeks.

**Limitations:** Lack of breakdown of numbers of arrivals and needs per hosting sites.

## Crisis impact

After a peak of over 600 people fleeing from the Democratic Republic of the Congo (DRC) into Zambia on 30 August, the influx of refugees crossing the border has continued (IFRC 26/09/2017). In total, over 3,360 people fled into Zambia from DRC between 30 August and 3 October, representing the largest refugee influx into Zambia from DRC in the past five years. There are worries that ongoing insecurity in Haut-Katanga province, DRC will lead to further displacement across the border in the upcoming weeks (UNHCR 03/10/2017). The influx rate by 26 September was about 50 persons per day. In a scenario of deteriorating security in Haut-Katanga, DRC, up to 40,000 more refugees from DRC could arrive in Zambia in the next six months (IFRC 26/09/2017).

After crossing the border at entry points located in Chiengi, Kaputa, Nsumbu, and Mpulungu (see map on last page) and going through transit centres, most of those refugees have now been settled in the organised Meheba camp, North Western province. New arrivals usually stay in transit centres a few days before being relocated. However, they might have to remain there much longer if relocation sites cannot accommodate the new influx. There is an urgent need to increase the capacity of the transit centres as they are only able to accommodate a maximum of 250 refugees at a time (IFRC 26/09/2017).

The refugees are coming from Pweto and Moba territories, Katanga province and have been fleeing due to general insecurity in the area. Clashes between government armed forces and several armed militias have been reported (UNHCR 08/09/2017). The immediate needs of new arrivals are reported to be emergency shelter, WASH, health, food, and relief materials (IFRC 26/09/2017).

**Shelter and NFIs:** Emergency shelter is a critical need. Following their arrival, refugees slept in the open at the entry point of Kaponge. Since they have been relocated, they now live in overcrowded community shelters (IFRC 26/09/2017).

**Health:** The refugee population are in poor health and there are high rates of malnutrition amongst children (representing 60% of the new arrivals) (IFRC 26/09/2017). The most common health problem reported are malaria, skin infections, respiratory problems as well as dysentery (UNHCR 03/10/2017). Overcrowding at hosting sites increases the risk of outbreaks of diseases such as cholera. The high risk of disease outbreak implies an urgent need to strengthen epidemiological surveillance (IFRC 26/09/2017).

**WASH:** Emergency WASH needs have been reported with the latest influx of refugees. Sanitation is a challenge in Meheba camp and adequate water supply is needed at reception centres at entry points along the border (IFRC 26/09/2017).

**Protection:** Some of the refugees arriving in Zambia have reported extreme brutality such as the killing of civilians, looting of property, houses burned down, and SGBV committed

by armed groups including government forces (UNHCR 03/10/2017; Reuters 23/09/2017). It is likely that some families have been separated. The tracing of population at entry points on the border is therefore necessary (IFRC 26/09/2017).

## Vulnerable groups affected

60% of the new refugees in Zambia from the DRC are children. Many are showing signs of malnutrition, making them particularly vulnerable to precarious living conditions (UNHCR 03/10/2017). The health condition of the children amongst the newly arrived is particularly poor (IFRC 26/09/2017).

Many of the refugees in Zambia were already internally displaced in DRC before they had to flee again. As their situation was already precarious before arriving in Zambia, their vulnerability is high (UNHCR 03/10/2017).

## Humanitarian and operational constraints

There are limited resources available to local, national and international actors to respond effectively to this new population influx (UNHCR 30/08/2017). Lack of road infrastructure and long distances challenge the monitoring of the situation and make efficient assistance more difficult (UNHCR 03/10/2017).

## Aggravating factors

### Seasonal information

The rainy season starting in October and lasting about five months increases the risk of spread of diseases such as malaria and cholera and could also intensify the needs of the displaced (IFRC 26/09/2017; UNHCR 03/10/2017). It could also imply further access constraints.

### Other factors of vulnerability

Although the political and security situation in Zambia is calm and stable, political tensions have increased in the past weeks. Crimes such as robberies, car jackings, or sexual assault occur (IFRC 26/09/2017).

## Contextual information

### Drivers of the current conflict

People have been fleeing from the southeastern part of DRC into Zambia following increased violence due to inter-ethnic conflict as well as clashes between government forces and armed militias (UNHCR 03/10/2017).

## Past displacement

The new influx of refugees from DRC into Zambia since the end of August comes in addition to inflows that have been observed between the two countries as of three years. In 2016, a little over 2,800 refugees from DRC have been recorded in Zambia, and between 1 January and 29 August 2017, 2,650 have crossed the border (UNHCR 30/08/2017; UNHCR 08/09/2017).

## Key characteristics

**Demographic profile:** Total population: 15,972 million (July 2017 estimate). There are some 70 ethnic groups: Bemba (21%), Tonga (13.6%), and Chewa (7.4%). Urban population: 41.8%, rural population: 58.2% (CIA Factbook).

**Food:** Minimal (IPC Phase 1) acute food insecurity across the country both from June to September 2017 and in the projection for October 2017 to January 2018 (FEWSNET 07/2017). 975,000 people were food insecure in 2016 (FAO 10/05/2017; WFP 08/2017).

**Nutrition:** Stunting affects 40% of children between 6-59 months (CIA Factbook).

**Health statistics:** Maternal mortality rate: 224 deaths/100,000 live births (2015 estimate) (CIA Factbook); under-5 mortality rate: 64 deaths/1,000 live births (2015) (World Bank); infant mortality rate: 62.9 deaths/1,000 live births (CIA Factbook).

**WASH statistics:** Access to improved drinking water: 65.4% (85.6% urban and 51.3% rural). Access to improved sanitation facilities: 43.9% (55.6% urban and 35.7% rural) (CIA Factbook).

**Literacy levels:** total population: 63.4%; male: 70.9%; female 56% (2015 estimate) (CIA Factbook).

## Response capacity

### Local and national response capacity

The government of Zambia is coordinating the response with the Commissioner for Refugees (COR), and the provincial and district authorities. The Government Unit for

Disaster Management Mitigation, Zambian Red Cross (ZRCS) and the National Disaster Response Team (NDRT) have responded (IFRC 26/09/2017).

## International response capacity

In coordination with the Government of Zambia and ZRCS, UNHCR is providing basic humanitarian assistance to new arrivals and has called for further international support. ICRC is not present in Zambia but provides support to ZRCS through its national office in Zimbabwe (IFRC 26/09/2017).

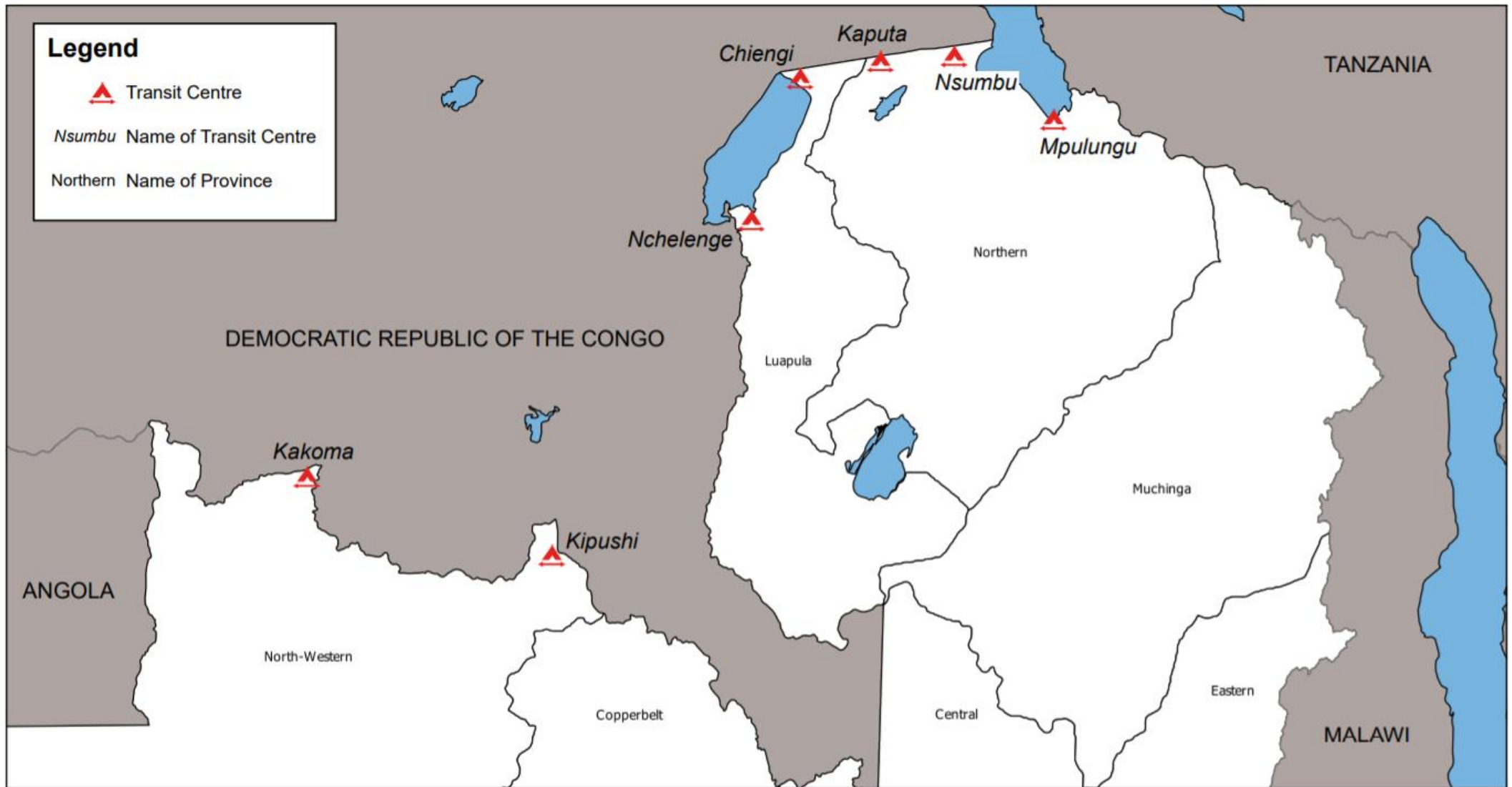
## Information gaps and needs

A breakdown of the number of refugees and needs per camp/hosting site is lacking as well as a breakdown of the number of arrivals per entry point/transit centre.

## Lessons learned

Bio-metric registration is vital for the effective management of the refugees' needs (UNHCR 15/05/2017; Amnesty International 05/06/2017).

## Entry points of DRC refugees into Zambia



The maps used do not imply the expression of any opinion on the part of the International Federation of the Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.  
 Map data sources: IFRC, GADM, Zambia Red Cross Society. Map produced by: IFRC Africa Regional Office, Nairobi

