12.8 million
People in need
(source: OCHA)

4.8 million
persons displaced in DRC
(source: OCHA)

100
Points of Control/Points of Entry supported by IOM as part of the EVD response

HIGHLIGHTS

During the reporting period, over 7,250,000 travellers were screened for Ebola Virus Disease (EVD) symptoms at IOM-supported POEs/POCs.

IOM’s DTM team registered substantial displacement of populations in Ituri (3,889 individuals), North Kivu (3,504 individuals) and South Kivu (8,537 individuals). As of 30 November, 294 IDP households are settling within host families and displacement sites. Food, shelter, non-food items (NFI) and health needs are high.

SITUATION OVERVIEW

As of 30 November, 3,313 EVD cases were probable or confirmed. The number of deaths has reached 2,202 since the start of the outbreak on 1 August 2018 (source: Ministry of Health (MoH)/WHO). Since 11 November, South Kivu province is officially “Ebola free”.

Security issues in areas with Ebola treatment centres remain precarious (particularly in North Kivu Province) as attacks continue to be carried out against health workers. During the reporting period, frontline workers at POCs reported hostile working environment due to the presence of undisciplined armed forces. Following the attack in Biakato on 27 November, 50 per cent of activities at IOM-supported POEs in Mambasa, Biakato, Mangina, and Beni in Ituri and North Kivu Provinces were closed from hours to days. Operations in other areas in Buthembo, Komanda, Kasindi and Bunia are also experiencing a slowdown in activities because of security concerns.

On 29 October, the Congolese national army (FARDC) announced that its offensive against the Allied Democratic Forces (ADF) and other armed groups, such as the Conseil National pour le Renouveau et la Démocratie (CNRD), in Eastern DRC had started. This offensive is still on-going and has led to a new wave of violence, protests and an unknown number of IDPs, mainly in the territory of Beni (North Kivu Province). In South Kivu Province, hate speech against the Banyamulenge (Rwandophone communities) was reported by several UN agencies and media outlets; violence against the group, will unfortunately and undoubtedly lead to a new wave of IDPs. Within South Kivu, particularly the territories of Mwenga, Uvira and Fizi are affected.

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IOM’s Role in the Ebola Virus Disease Response in DRC

Health

From 1 to 30 November, 7,254,828 travellers were screened at IOM-supported POE/POCs. A total of 935 alerts were reported by frontline workers, of which 395 alerts were validated by MoH surveillance / investigation teams.

IOM also continues to strengthen the capacity of the frontline workers to improve surveillance, and conduct flow monitoring at POE/POCs. IOM jointly with Programme National d’Hygiène aux Frontières (PNHF) of the MoH conducted refresher trainings for frontline workers in Kasindi area close to the border of DRC with Uganda (North Kivu Province). From 6 to 7 November, a total of 30 frontline workers (12 women, 18 men) including five agents from the medical unit of the Congolese army (UMIR) were trained on visual observation, in order to strengthen surveillance capacity at POE/POCs for detection, isolation and referral of suspected cases/ alerts.

Moreover, IOM continues to strengthen contact tracing at POE/POCs. On 28 November, 12 frontline workers (4 women, 8 men) from Komanda POCs were trained on the use of tablets (Go Data, and Writer, Presentation, Spreadsheet (WPS) Office applications) in contact tracing. Likewise, IOM together with PNHF and WHO conducted additional refresher trainings for frontline workers from Goma POE/POCs on the Standard Operational Procedures (SOPs) for surveillance at POE/POCs. During the trainings, a total of 50 frontline workers (18 women, 32 men) were trained.

IOM participated in a joint assessment mission to Isiro (Haut-Uele Province) from 11 to 16 November 2019 organized by the General Coordination, a high-level interagency committee responsible for overall coordination of the Ebola response in the DRC. The General Coordination is co-chaired by MoH and WHO. The purpose of the mission was to strengthen the preparedness for EVD response in Haut-Uele Province (close to the border with South Sudan). This follows notable significant movement of populations and certain contacts to the Province (particularly to Mungbere). The outcome of the mission highlighted critical gaps, mainly the lack of functional POEs/POCs for implementing health control measures to travellers and mobile populations in the area. Recommendations for POE surveillance included the need to establish a POC at Magambe, as well as organize trainings for frontline workers on SOPs for surveillances at POE/POCs. IOM will conduct a follow up assessment and/or a participatory mapping exercise (PME) early next year, to understand in detail the movement volumes and characteristics of the area to identify areas of vulnerability and axis for implementation of public health interventions. Additionally, IOM will support Magambe POC and train the frontline workers on SOPs for surveillances at POE/POCs (also early next year).

1 An alert is defined as any traveller with a temperature above 38°C and/or who is showing visible symptoms of vomiting or diarrhoea.

IOM jointly with PNHF conducted refresher training of frontline workers at Kasindi area close to the border of DRC with Uganda, North Kivu. © IOM 2019
IOM RESPONSE

DISPLACEMENT TRACKING
Since July 2019, IOM’s DTM team has been registering IDPs in eastern DRC in order to rapidly collect information on demographic data of the displaced population, area of origin, locations where they take refuge and humanitarian assistance required. The Emergency Tracking (ETT) reports are distributed widely to humanitarian actors.

During the reporting period, IOM registered substantial displacement of populations in Ituri Province (3,889 individuals), North Kivu (3,504 individuals) and South Kivu Province (8,537 individuals) Provinces between 1 and 30 November. IDPs are settling within host families and displacement sites. Food, shelter, non-food items (NFI) and health needs are largely unmet.

CAMP COORDINATION AND CAMP MANAGEMENT
On 16 November, IOM’s CCCM team received the IDP representatives who were on “Go and See” visits, organized by Cantas, to Lycée Kigonze site in Bunia (Ituri Province). The visit was organized for IDPs who are currently residing in Hôpital General de Reference (HGR) in Bunia, and who will eventually be relocated to the new site at Lycée Kigonze. The visit provided IDPs the opportunity to learn more about the living conditions in the new site. Lycée Kigonze site is aimed at hosting around 10,000 IDPs or 2,300 households who are currently living in dire conditions in Ituri Province.

SHELTER / WATER, SANITATION AND HYGIENE (WASH)
IOM continues the site planning and development of Lycée Kigonze site in Bunia (Ituri Province) to ensure the site is ready to receive IDPs currently residing in the site of HGR and Institut Supérieur Pédagogique (ISP). As of 30 November, IOM has completed 36 shelter blocks (1 shelter block can house 250 individuals, approximately 50 households), 8 communal kitchens, two reception centres, 1 community centre, 7 sanitary corridors, 92 sex-disaggregated latrines (51 female, 41 male latrines), 56 sex-disaggregated showers (32 female, 24 male showers), the main drainage system along the shelter blocks, installation of emergency water supply network, and one 45m³ water tank platform. As a result, the first group of IDPs from HGR site was relocated to Lycée Kigonze on 20 November. By 30 November, 294 IDP households (1,461 individuals, of which 275 are women, 139 men, 506 girls and 541 boys) reside in the site.

MARIE DIDHOSI’S STORY
Marie Didhosi is preparing dinner for her family in the communal kitchen in displacement site Lycée Kigonze (Bunia, Ituri Province) constructed by IOM. She is among the first group of IDPs relocated to the new site. She, together with her six children had to flee their house in Tse village, Djugu territory following an armed attack there in September 2019. She went from ISP site in Bunia to HGR site in Bunia to seek refuge. She stayed in the communal hangar in the HGR site. She said that living in Lycée Kigonze, she feels more dignified as her family can have their own space and she can use the communal kitchen to prepare food for her family. Female IDPs also use the communal kitchen as a place to socialize with each other.