



IOM CONDUCTS PARTICIPATORY MOBILITY MAPPING WITH COMMUNITY IN MAMBASA, ITURI © IOM 2018

Since the outbreak of the 10th Ebola virus disease, a month ago, in the Democratic Republic of the Congo (DRC), the outbreak continues to claim lives in the province of North Kivu. The International Organization for Migration (IOM), the UN Migration Agency, is working closely with the Congolese Ministry of Health (MoH), WHO and humanitarian actors to contain the outbreak and address the needs of affected communities.

## IOM'S RESPONSE FOCUS

- ◆ **Population Mobility Mapping (PMM) and Flow Monitoring (FMP)** at border crossings and in the affected provinces
- ◆ **Points of Entry (POE) surveillance** (health screening, risk communication, hand washing and hygiene promotion)

Population mobility, including cross-border movements, was identified as a significant risk for disease transmission in this outbreak due to connection to the epicenter and the high volume of travelers, including traders, mine workers, and displaced populations. Inaccessibility caused by insecurity in the area poses additional challenges to response efforts.

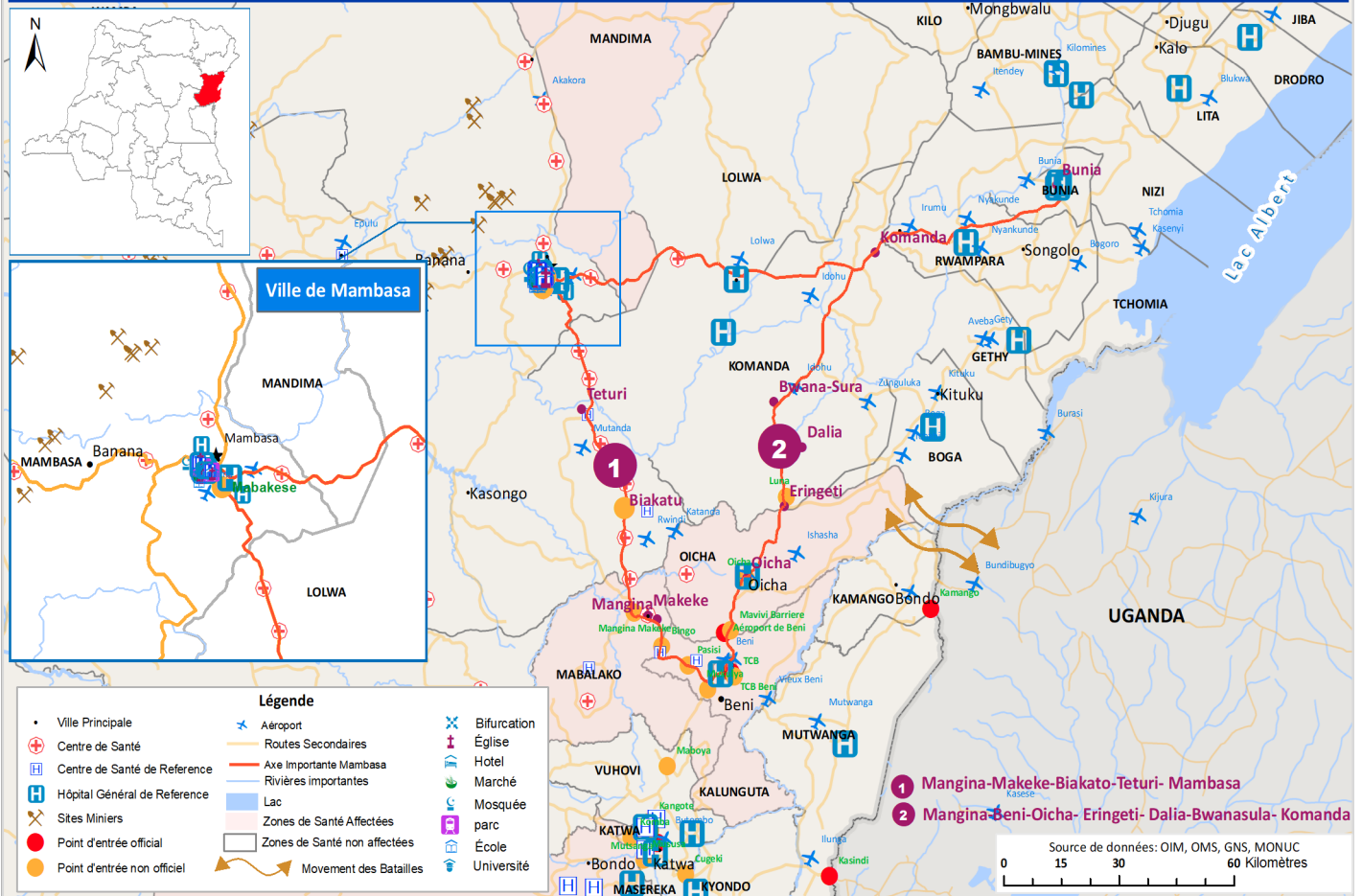
## PARTICIPATORY MOBILITY MAPPING (PMM) IN MAMBASA, ITURI PROVINCE

On 29 August, IOM carried out a **second Population Mobility Mapping in Mambasa (Mandima Health Zone, Ituri Province) with 28 key informants**. The Health Zone reported a total 10 cases as of end August. Strong population mobility from the epicenter (Manguina, North Kivu) to Mambasa territory (Ituri) was noted through two axes: (1) Manguina-Makeke-Biakato-Teturi-Mambasa, and (2) Manguina-Beni-Oicha-Eringeti-Dalia-Bwanasula-Komanda-Mambasa.

**Mambasa** is an important **transit point for long distance travelers especially traders** to access to neighboring towns (**Kisangani, Beni and Bunia**). Traders of commercial goods, including fuel, come from Kenya through Uganda via Beni, Kasindi, Aru, or Mahagi to transit in Mambasa before heading to Kisangani. This trend involves regular long distance travel across multiple countries with multiple points of transit. A number of **mining sites** in Mambasa also attracts young daily workers coming from Lubero (Butembo and Mamgurudjika) and Beni, while the buyers often include Chinese, Kenyan and Ugandan nationals. Around mining sites, commercial sexual workers from North Kivu, Haute Uele and Kinshasa has also been identified.

## HIGHLIGHTS OF IOM'S IMMEDIATE RESPONSE

- ◆ IOM conducted a second **Population Mobility Mapping** exercise in **Mambasa, Ituri Province**. Population flow was identified from neighboring countries (Kenya, Uganda) via Mambasa to major towns such as Kisangani (to the west), Bunia (to the east) and Beni (to the south).
- ◆ IOM continues supporting the National Programme of Hygiene at Borders (PNHF)'s **POE surveillance (health screening)** activities at **36** sites in Beni and Goma including **risk communication, hand washing and hygiene promotion**. IOM is currently setting up surveillance sites in **Ituri Province** and strengthening risk communication through local media outreach and by dedicated communication teams. IOM continues to engage partners in both health and border management sectors to maximize effectiveness of POE surveillance activities.



## KEY RECOMMENDATIONS FROM POPULATION MOBILITY MAPPING MAMBASA, ITURI PROVINCE

- ◆ **Strengthening PoE surveillance:** Set up surveillance points (1) in Biakoto and at Mabakese bridge on the Manguina - Mambasa axis; (2) at Komanda entrance on the Komanda - Oicha axis direct to Bunia (South entrance to Delle); and (3) strengthen surveillance at main entry points at the border (Aru and Mahagi) with Uganda.
- ◆ **Prevention WASH:** Strengthen the Infectious Control Practice at POE/POCs in Mambasa and the eastern part of the Irumu on the Oicha-Komanda axis and the north-western part of Lubero around Mangurudjika. Improve WASH at **mining sites** in Pede and Mambasa as well as at schools and universities in the eastern part of the Territory of Irumu.
- ◆ **Communication:** Strengthen risk communication in Mambasa and the eastern part of Irumu on the axis Oicha-Komanda and the North West part of Lubero around Mangurudjika.

# IOM'S EBOLA RESPONSE IN DR CONGO

## LEVERAGING THE EXPERTISE IN MIGRATION TO GUIDE THE EBOLA RESPONSE

### PoE Surveillance: Zone 1 BENI; Zone GOMA; Zone 3 Kinshasa

Cumulative_31 August		Zone 1 BENI	Zone 2 GOMA	Kinshasa N'Djili Airport arrival	Total
a	Number of POE/POC functional*	26	10	1	<b>37</b>
b	Number of people screened**	685171	1002926	1818	<b>1689915</b>
c	Number of alerts notified***	31	0	0	<b>31</b>

#### Notes:

\***Functional POEs:** conducting health screening and data reporting on a daily basis. Additional services including hand washing, hygiene promotion, risk communication and flow monitoring are provided at select POEs.

<sup>β</sup>**Screening:** involves temperature taking by trained staffs (non-contact thermometers), general health observation and review of completed passenger declaration forms for background information about their travel history and existing health conditions.

<sup>γ</sup>**Alerts:** are people identified at POEs with a temperature >38°C and have reported travel in/from an EVD affected area; had contact with a suspected case; or presents at least all these symptoms of EVD .

#### TERMINOLOGY

**Points of Entry (POEs)** are passages for international entry or exit of travellers, baggage, cargo, containers, conveyances, goods and postal parcels as well as agencies and areas (IHR 2005).

IOM considers POEs as spaces of vulnerability at risk of spread of EVD, identified due to both the **volume of population movement** and their **connectivity** to outbreak affected areas or **other countries**. Points of Control (POCs) is a term often used to describe points of passage and congregation of travellers, not on an international border, such as markets, stations, bridges and river ports.



HAND WASHING PROMOTION AT THE BUSY PORT MARKET IN GOMA © IOM 2018



## OTHER ACHIEVEMENTS

### Support to Points of Entry (POE) Surveillance

- ◆ **Procurement and distribution of Points of Entry (POE) surveillance kits** have been distributed at key POEs in Goma, Beni, Butembo, Bunia, and Mambasa. Materials distributed include: Thermo flash, Pulveriser, Hand washing buckets/stands, IPC consumable sets (chlorine, HTH, granule), Personal Protection Kits (gloves, masks, boots, gown etc), IT equipment, data collection forms, Standard Operating Procedure Manuals, Plastic desks/chairs and parasols for site set up. IOM also supported setting up of POEs including isolation areas in maximum use of local materials.

### On-Site Supervision

- ◆ Joint IOM-PNHF on-site supervision are carrying on at POEs in Beni, Butembo, Goma and Ituri. The supervision team provides mentorship and hands on technical assistances to local staffs while assessing individual manner of screening and helping POEs to create effective work environment and enhance corroboration in communities.

## IOM'S FIELD PRESENCE

Currently 13 staff (3 epidemiologists, 3 logisticians, 3 IM/GIS experts, 4 administrators) in Beni, Bunia, Goma and Kinshasa to establish and strengthen POE surveillance, flow monitoring sites and provide technical supports and coordination.



PROFESSOR MUYEMBE (DIRECTOR OF INRB) MONITORING POE SURVEILLANCE IN PASISI © IOM 2018



DELIVERY OF EQUIPMENT TO POE IN GOMA, NORTH KIVU © IOM 2018

## IOM CONTINUES TO STRENGTHEN EVD PREPAREDNESS AND IHR (2005) IMPLEMENTATION IN THE REGION

IOM will further assist:

- **Cross Border Coordination** with neighboring countries, including Uganda, Rwanda, Burundi and South Sudan. Working with WHO AFRO, National IHR focal point and IOM missions in neighboring countries, IOM DRC mission is supporting Congolese MOH to set up regional coordination mechanisms.
- Continue strengthening the **International Health Regulations (IHR 2005) core capacities** for public health emergency through on-going POE capacity assessment, provision of necessary equipment and materials, training of POE surveillance staffs, reinforcement of information management and data management capacity, as well as repositioning of the resources.
- After one month's response in North Kivu, IOM plans to conduct **operational research and evaluations** to measure POE surveillance's effectiveness and identify bottlenecks to redirect priorities and enhance response efforts.

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