

12.8 million

People in need
(source: OCHA)

4.8 million

IDPs displaced in DRC
(source: OCHA)

108

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



Thousands of travellers stop each day at Komanda POC to wash their hands and are screened for symptoms of Ebola before continuing their journeys, Ituri Province. © IOM 2019 (Photo: Muse Mohammed)

HIGHLIGHTS

In partnership with the National Program of Hygiene at Borders (PNHF), IOM is implementing surveillance and prevention of Ebola Virus Disease (EVD) at 108 POE/POCs in North Kivu, Ituri, and South Kivu Provinces.

IOM CCCM team together with Civil Protection and AIDES organised a joint-mission to assess humanitarian situation and needs of IDPs residing in sites and host community in Mahagi territory, Ituri Province.

Following cholera alerts in Kaseke site in Tanganyika Province, IOM distributed WASH items and conducted hygiene awareness sessions benefitting 7,883 IDPs residing in the site.

SITUATION OVERVIEW

As of 31 August, 3,031 Ebola Virus Disease (EVD) cases have been confirmed with 2,031 deaths reported since the start of the outbreak on 1 August 2018 (source: Ministry of Health (MoH)/WHO). To date, 29 Health Zones (HZ) across North Kivu, Ituri and South Kivu Provinces have been affected. In total, 209,116 persons have been vaccinated against EVD (source: WHO).

South Kivu saw its sixth EVD case on 27 August in Mwenga Health Zone; two of which have led to death. On 29 August, the Ugandan Ministry of Health reported a new transborder case for the first time in almost two months, a Congolese girl of 9 years old. The girl crossed through the Mpondwe border post (North Kivu Province) between the DRC and Uganda, on 28 August with her mother, and died on 30

August. EVD was confirmed. According to the Ugandan authorities, she did not make any close contact with others after crossing the border.

In North Kivu, conflict dynamics continues to hamper provision of assistance. During the reporting period, in Goma, medics reportedly continue to encounter attacks and resistance among local communities.

At the end of August 2019, the UN Secretary-General, António Guterres and senior members of the UN visited the DRC. The delegation witnessed first-hand activities to respond to the EVD in Beni and Butembo territories. Apart from the Ebola response, the visit also focused on peacebuilding and stabilization efforts in the DRC.

CONTACTS

IOM'S ROLE IN THE EBOLA VIRUS DISEASE RESPONSE IN DRC



HEALTH

During the reporting period, 5,038,498 travellers were screened at IOM supported POE/POCs and 5,019,323 persons were reported to use hand washing facilities available at the POE/POCs. A total of 242 alerts¹ were reported by frontline workers, 90 of which were validated by WHO/MoH investigation teams. Among the validated cases, there is no confirmed EVD case. IOM supports POE/POCs with health screenings, hand washing services, contact tracing, Risk Communication and Community Engagement (RCCE), and Flow Monitoring of Population (FMP).

Between 26 and 31 August, 11 new POCs were made functional in South Kivu, seven of which are in Bukavu and four in Mwenga. These locations relate to recent confirmed EVD cases in the province.

In partnership with the MoH/PNHF, IOM continue supporting the implementation of Ebola Virus Disease (EVD) surveillance and prevention activities at 108 POE/POCs in North Kivu, Ituri and recently, in South Kivu provinces. To reinforce epidemic preparedness in areas not affected by EVD, IOM is supporting nine additional POE/POCs in Tshopo (2), Tanganyika (2), Kinshasa (2), Haut Katanga (1), Maniema (1), and Kasai Central (1) provinces.

Currently, 29 HZs are affected by the EVD outbreak, 18 of which are having active transmission (i.e. confirmed EVD cases in the last 21 days). Despite strenuous efforts, the EVD response remains challenging due to among others insecurity and access issue.

From 16 to 31 August, 223 (66 female, 157 male) frontline workers in South Kivu, Kasindi, and Beni were trained on the revised Standard Operating Procedures (SOPs) for health screening at the POE/POCs as well as identification and management of EVD cases. The revised SOPs provide definition of criteria that is more case sensitive, based on either one of factors: fever, signs of EVD, or exposure to a possible EVD case. This case definition criteria replaces the previous one which was based on combination of these criteria. The training also focused on community engagement as well as awareness of health screening and handwashing by travellers.

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 supports more than 100 POE/POCs in North Kivu and Ituri Provinces. © IOM 2019 (Photos: Muse Mohammed)

IOM RESPONSE



DISPLACEMENT TRACKING

During the reporting period, IOM organized a training on DTM methodology and tools to its implementing partners; AIDES and CARITAS. The training aimed at strengthening the capacity of the partners to collect data on population movement.

IOM DTM and Migration Health Division (MHD) unit continue to collect data on population flows from selected POE/POCs in North Kivu Province. Since 19 August, 15 data collectors have been positioned at POE/POCs Mubambiro, Grande Barriere, and Goma Airport in North Kivu. The information collected through this exercise is used to better understand the nature, volume, direction and drivers of migration in the area affected by Ebola and its surrounding.



An FMP data collector in Kitoboko, Rutshura (North Kivu Province).
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CAMP COORDINATION AND CAMP MANAGEMENT

Between 26 and 31 August, IOM CCCM team together with the Civil Protection and AIDES organized a joint mission to assess displaced populations in Mahagi territory, Ituri province. The mission was able to identify numerous spontaneous IDP sites in the area, assess the humanitarian situation and needs of the IDPs residing in and outside of the sites, contact local authorities to collect information on the movement flows and the humanitarian situation in their jurisdictions, collect protection related information, and assess

the possibility of setting up a Community Information Centre (ICC).

IOM organized a two-day training on Protection Mainstreaming for relevant government officials, Implementing Partners, and IOM staff. The training is aimed at ensuring integration of protection mainstreaming aspect across CCCM, DTM, Shelter, WASH and health interventions. A similar training is planned for partners in Ituri province.



SHELTER / WATER, SANITATION AND HYGIENE (WASH)

During the reporting period, IOM's WASH unit together with its Site Management partner, AIDES carried out WASH needs assessment in 11 displacement sites in North Kivu; Kibabi Buporo, Kibabi Police, Kasenyi, Katale, Katoyi, Bushani, Kabizo, Kanaba, Rushashi, Kiwimba, and Muheto. IOM is currently analysing the needs and resources available to cover those needs.

Following cholera alerts, of which 16 cases are confirmed, in Kaseke site, Tanganyika, IOM distributed WASH materials namely 20kg powdered soap and 200kg lime to maintain hygiene of WASH facilities. In addition, IOM carried out hygiene awareness sessions focusing on improving handwashing practices. The assistance benefitted 7,883 IDPs living in Kaseke site.



IOM's Shelter/WASH teams conducting hygiene awareness sessions at the Kaseke IDP site, Tanganyika Province. © IOM 2019



ONWARD TRANSPORTATION ASSISTANCE

In Kasai and Kasai Central Provinces, IOM continues its onward transportation assistance to Congolese returnees expelled from Angola. To scale up its assistance in Kasai Central, IOM redeployed six vehicles from Tshikapa to Kananga. During the reporting period, 1,320 individuals (348 households) benefitted from the transportation assistance. Since

January 2019, a total of 11,746 individuals (5,872 females and 6,417 males) have benefitted onward transport assistance.

On 23 August, UNHCR signed a tripartite agreement between the Government of DRC and the Government of Angola on the voluntary return of Congolese refugees from Angola. UNHCR requested support from IOM for transportation assistance.

On 27 August, the Special Representative of the Secretary General (SRSG), IOM Chief of Mission, representative of UNHCR, and the Governor of Kasai Central had a meeting to discuss about the return of Congolese refugees from Angola.

DALY NEEMA'S STORY



© IOM 2019 (Photo: Muse Mohammed)

“I’ve trained more than 100 bus drivers who take passengers on the route from Beni to Goma on how they can help prevent the spread of Ebola. I explain to them the origins of the disease and tell them that Ebola is a disease that can travel very far. We need them to be an example to all travellers, because if they follow all the necessary preventative steps then others will too. Each driver has a responsibility to respect the procedures at each Point of Entry/Point of Control screening point and to make sure their clients wash their hands. They are also equipped to look for symptoms of people who might be sick, like vomiting, fever, chills or other signs. We tell them who to contact at each POE/POC if a passenger is sick and needs to be checked.

I feel a lot of pain about the problem of Ebola and I give this information because I want Ebola to stop. I love the people of my country and I am really proud. I try to change people’s hearts; I want people to change and understand the problem. I want people to stop Ebola. If it is possible to stop Ebola today that would be the best outcome.”

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