

12.8 million

People in need
(source: OCHA)

4.8 million

persons displaced in DRC
(source: OCHA)

101

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



IOM-managed PoC screening points in Komanda where thousands of travellers stop each day to wash their hands and are screened for Ebola symptoms, Ituri Province. © IOM 2019 (Photo: Muse Mohammed)

HIGHLIGHTS

A total of 1,540 IDP households were registered in four spontaneous sites in Djugu territory, Ituri Province. This exercise was carried out by IOM in collaboration with Civil Protection.

Construction of 60 reinforced emergency latrines in the Lycee Kigonze site in Bunia, Ituri Province began on 7 October. As of 31 October, the construction of 23 latrines and 24 showers has been completed.

IOM, together with its implementing partner, Diaspora Médicale Plus (DMP), reached a total of 3,210 community leaders of at-risk groups through risk awareness and sensitization sessions in North Kivu. Moreover, a total of 177 persons were reached through Risk Communication and Community Engagement presentations.

SITUATION OVERVIEW

As of 31 October, 3,273 Ebola Virus Disease (EVD) cases have been probable or confirmed; the number of deaths reaching 2,183 since the start of the outbreak on 1 August 2018 (source: Ministry of Health (MoH)/WHO).

On 18 October, the latest humanitarian report was released by OCHA. The report mentions over 800,000 IDPs in the province of Ituri, most of whom lack shelter, medicine and household kits.

Around 235,000 IDPs have fled the Djugu atrocities in 2019. More than 14,500 new IDPs have been registered in the last three months following attacks in some localities. The IDPs are residing in around 87 sites in Ituri and with host families in Djugu, Irumu and Mahagi territories. Most of these displaced persons live in precarious conditions, according to

the report (source: OCHA). Local sources indicate that about 800 families have returned to the territory of Djugu during the last month following improved security situation.

During the reporting period, clashes between Mai Mai groups (North Kivu) and violence from armed groups (Ituri and Tanganyika) caused movement of populations in several territories in North Kivu, Ituri and Tanganyika and increased needs for humanitarian assistance.

CONTACTS

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



HEALTH

IOM is implementing active surveillance and disease prevention activities at 101 POE/POCs in North Kivu, South Kivu and Ituri Provinces, by providing active screening of travellers and using information on population mobility to reduce disease transmission to new areas and across borders. During the reported period, the Ministry of Health (MoH) in collaboration with IOM and other POE/POC sub-commission partners deactivated seven POCs in Ituri and North Kivu provinces (Entrée Port Tchomia, Kamaka, Foner Nyori, Foner AGAA, Barrière DGRPI (Nyamosasi), Adjuani and Barrière DGRPI (Mandje), in line with the shifting epidemic trends.

During the reporting period, 17,238,131 travellers were screened at IOM-supported POE/POCs. A total of 462 alerts¹ was reported by frontline workers, of which 211 alerts were validated as suspected cases by MoH surveillance / investigation teams. On 31 October, an EVD-positive case was intercepted by frontline workers at POC Bella, in Mandima (Ituri Province) within the first week of its operation. The 27-year-old man was taken to an Ebola treatment centre for appropriate care. EVD was confirmed following a swab test and contacts were registered and the MoH surveillance team have followed up. At present, there are five active Health Zones (HZ) across North Kivu, Ituri, and South Kivu Provinces.

IOM continues to inform community leaders and members of at-risk groups² in North Kivu through RCCE sessions. Between 14 and 20 September, IOM and its Implementing Partner DMP organized sensitization sessions in five health zones (Mangina, Mambasa, Komanda, Ariwara and Rutshuru) reaching a total of 120 community leaders, 360 students, and teachers.

Additionally, from 21 to 27 September, similar sessions were organized in seven health zones (Butembo, Katwa, Lubero, Kayna, Komanda, Mambasa, and Tchomia) where a total of 2,730 people (988 females, 1,742 males) were reached. Between 28 September and 11 October, similar RCCE sessions were organized in North Kivu. Activities conducted included: sensitization sessions, one-on-one exchanges, trainings and group dialogues targeting at risk-groups (local community leaders, motorists/bikers in Goma, directors of transport associations, vendors living around POCs as well as teachers of schools neighbouring POE/POCs); a total of 177 individuals (26 females, 151 male) were reached. There is a high number of male participants, as most motorcyclist/bikers and community leaders and directors of transport organizations are male.

IOM also continues to strengthen the capacity of the frontline workers to improve surveillance and flow monitoring at POE/POCs. From 21 to 27 September, a total of 26 new frontline workers (6 women, 20 men) were recruited and trained to reinforce surveillance at POE/POCs in Mambasa and Butembo. Furthermore, between 5 and 11 October, IOM provided four POCs in Bunia with additional tablets to facilitate contact tracing for both exit and entry travellers. Seven frontline workers (1 woman, 6 men) at these POCs were trained on how to use GoData and Writer, Presentation, Spreadsheet (WPS) Office for contact tracing.

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.

² At-risk groups are populations that are more at risk of contracting EVD than others. IOM targets at-risk groups at the community level (i.e. hotel and restaurant workers, fishermen, pharmacists, hotel/motel owners/workers) and at POE/POC-level (the moving populations like: transporters, motorcyclist/drivers, travel agencies and associations, traders, travellers).



Point of Entry health screening points are located at official border crossings in Goma where travellers are monitored for symptoms of the disease and instructed to wash their hands to promote good hygiene and prevent the spread the disease, North Kivu. © IOM 2019 (Photo: Muse Mohammed)

IOM RESPONSE



DISPLACEMENT TRACKING

To respond to alerts of movement of populations in several territories in North Kivu, Ituri and Tanganyika, IOM's Displacement Tracking Matrix (DTM) team is conducting Emergency assessments using its Emergency Tracking Tool (ETT) since July 2019 to rapidly collect demographic data of the displaced population, their area of origin, locations where they take refuge while providing information on required humanitarian assistance.

From 10 to 20 September, a total of 319 households (2,248 individuals) were displaced from the villages located in Bwito Rutshuru territory, North Kivu Province. Most of those displaced have taken refuge in the city of Mweso and some households have settled in the Mweso displacement site (ETT report N° 006). In Mweso, the humanitarian needs are high, with an urgent need in food, shelter and non-food-items.

Since 16 September, as a result of the armed groups attacks in Djugu territory (Ituri Province), 454 households (2,270 persons) have left their homes (in the villages of Drodoro, Mazee, Blukwa) (ETT report N° 004). Between 23 and 28 September, IOM's DTM team conducted return intention surveys of the displaced populations in Kaseke, Kankomba Office and Kankomba TZF sites in Kalemie territory (Tanganyika Province). A total of 5,362 displaced households (11,644 persons) were surveyed: 47% of IDPs from these three sites, indicated to prefer "relocation", 46% want to return to their areas of origin and 6% want to be transferred to another site. Only 1% plans to integrate locally in the city of Kalemie.



IOM DTM team registering IDPs in Limbu displacement site, Djugu territory (Ituri Province). © IOM 2019

Moreover, IOM's DTM and Camp Coordination and Camp Management (CCCM) teams, in collaboration with Civil Protection, carried out registration of IDPs residing in four spontaneous sites (Banga, Limbu, Lindji 2 and Lindji 3) in Djugu territory, Ituri Province. During this exercise, IOM registered 1,543 IDP households which represent 4,106 individuals (2,391 females, 1,715 males). For those who were absent during the

registration, IOM established a complaint mechanism to allow the IDPs to report their case. The purpose of the exercise was to provide reliable data to the humanitarian actors for a well-informed humanitarian assistance.



CAMP COORDINATION AND CAMP MANAGEMENT

Following the clashes in Djugu (Ituri Province), 1,268 new IDPs arrived in the 12 (out of 15) sites in Djugu, managed by IOM. In June 2019, the number of IDPs in these sites increased from 14,414 to 33,978, and an additional number of 5,628 persons settled in four new sites in the area of Iga Barriere. In the territory of Mahagi, Ituri Province, occupancy in nine new spontaneous sites surged in the Mokambo Chefferie, at present, the total number of IDPs in the sites is estimated at 39,813 persons. Moreover, an estimated 4,625 persons are displaced in seven schools in the territory of Mahagi and live in very precarious conditions. At the moment, shelter and water, sanitation and hygiene (WASH) needs are largely unmet in the area, minimal humanitarian standards are not reached.



One of the camps in Kalemie, Tanganyika province.
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Between 28 September and 10 October, IOM together with AIDES (site manager and implementing partner), and Civil Protection (site administrator) trained 54 committees in the nine sites in Mahagi territory (360 members in total) on the role and responsibilities of the site committees. In each site, six committees have been set up, which focus on the most important sectors that need to be managed in the sites. Amongst them, the WASH and INITIATIVE committees will have a key role in the implementation of the IOM Shelter /WASH response by fostering and organizing the IDPs' participation in these activities. In November, site committees training will be implemented in the four newly created sites in Djugu territory (Lindji 2, Lindji 3, Limbu, Banga).

Following the announcement by the Government of the DRC to speed up the closure of three IDP sites in Kalemie, Tanganyika Province, IOM together with OCHA and other humanitarian actors (including UNHCR, WFP, UNICEF and UNFPA), advocated for a closure in line with the humanitarian principles. On 1 October, IOM together with WFP, UNHCR,

UNFPA and the DRC authorities, assisted 40 households (70 persons) with voluntarily return from IDP sites in Kalemie (Kaseke, Kankomba Office and Kankomba TZF) to Moba, Tanganyika Province. IOM provided water and cash for onward transportation to all IDPs.

Between 24 September and 6 October, in North Kivu province, IOM supported the closures of Kibabi Buporo and Kasenyi; 48 households (200 persons: 105 females, 95 males) from Kibabi Buporo have been transferred to the Kibabi Police site, which was the site of their choice. IOM aims to support an estimated 1,323 households willing to integrate in the communities or to relocate in safe areas with a package including unconditional cash support and transitional shelter support.

the Lycee Kigonze site in Bunia, Ituri Province. As of 31 October, 23 latrines and 24 showers have been completed. Construction of the remaining 37 latrines, 176 showers, and tank platform is ongoing. Lycee Kigonze site is aiming to host around 10,000 IDPs who are currently living in dire conditions in spontaneous sites in Ituri.



Construction of reinforced emergency latrines in the Lycee Kigonze site in Bunia, Ituri province. © IOM 2019



WATER, SANITATION AND HYGIENE

On 7 October, IOM launched the first phase of the construction of 60 reinforced emergency latrines in

SEREMAI IRUNVA'S STORY



© IOM 2019 (Photo: Muse Mohammed)

“When I came from my original village, I took a radio. Right before the attack I was listening to news about the violence and I kept it with me when I fled which allowed me to follow the situation on my journey to keep me safe. Seven members of my family and I walked day and night. Our father was killed in the attack, so I had to keep them safe. The radio gave us the news we needed to know where to go and how to stay safe. Now when I see the radio I remember where we came from. I listen to the news on the radio every day to get information which is important to me. When the first case of Ebola happened in Goma, I heard it on

the radio. I can also monitor the war, hear if there are problems around us. It allows me to know what is happening in other areas because this place is isolated, and I do not have a telephone. It is my only way of getting information and to know when it might be safe in the future to return home.”

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