

DR CONGO HUMANITARIAN CRISIS

INTERNATIONAL ORGANIZATION FOR MIGRATION



- IOM constructed 200 emergency shelters in Katanika displacement site and provided in collaboration with the UNHCR and the RRMP 1,748 IDP households in Kikumbe displacement site with shelter kits.
- IOM trained 30 staff on the Displacement Tracking Matrix in preparation for the second baseline study in seven provinces.
- To date, IOM has transferred 3,154 IDPs from collective centres in Kalemie to displacement sites, and provided voluntary return assistance to 390 IDPs to return to their areas of origin.

Situation Overview

During the reporting period, Ebola Virus Disease was declared on 8 May 2018 in the North-Western province of Equateur in the Democratic Republic of the Congo (DRC). The disease was detected in the village of Bikoro and has since reached urban areas in the city of Mbandaka where the first cases were detected on 11 May 2018. This is the ninth outbreak in this area since the virus was discovered in 1976. The humanitarian community is working alongside the Congolese authorities to mitigate the spreading of the disease.

IOM aims to respond by focusing on the surveillance of Point of Entries (POE) to cities and by doing risk communication and promoting sanitary control. IOM in partnership with the World Health Organization (WHO), has already started mapping population mobility (both by using qualitative and quantitative methodologies) through participatory mapping exercises, as well as point surveillance at the selected key POEs including those in Kinshasa. The activities also include cross border coordination with the Republic of Congo and the Central African Republic, strengthening community based surveillance at the border space, developing joint Standard Operating Procedures and conducting quick simulation exercises at border communities.

Since January 2018, approximately 20,400 Internally Displaced Persons (IDPs) have returned to their areas of origin in Kashugho in Lubero territory, North Kivu. These IDPs fled the territory in 2017 due to recurrent violent clashes between armed groups. Since the start of the influx of returnees, Kasugho's main health centre has experienced a shortage of medicine and materials. This in combination with the prolonged presence of armed groups in the region has degraded the health situation where many of the local population and returnees have not been able to pay for medical care. Consequently, a drop in immunization coverage and recurrence of several diseases such as malaria, acute severe malnutrition and respiratory infections have been detected in the region.

CONTACTS

IOM RESPONSE

DISPLACEMENT TRACKING

In IOM's effort to scale up its Displacement Tracking Matrix (DTM) activities in DRC, IOM trained 30 information management staff (3 women and 27 men) on DTM, including DTM methodologies and data collection tools in Goma from 14 to 16 May.

The enumerators were trained in preparation for their redeployment to different parts of the DRC to conduct the second round of the baseline study using DTM tools. The enumerators will collect data on IDPs and returnees in seven provinces: Tanganiyka, South Kivu, Kasai, Kasai Central, Kasai Oriental, Sankuru and Lomami.

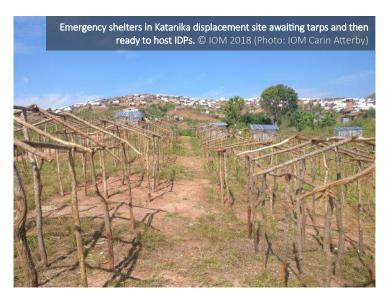
In 2017, IOM collected data on 586,580 IDPs and 1,328,754 returnees through the DTM. All of IOM's DTM reports for the DRC can be accessed here.



CAMP COORDINATION AND CAMP MANAGEMENT

Between February and May 2018, IOM has transferred IDPs from collective centres in and around the city of Kalemie, Tanganyika, to Kalunga and Katanika displacement sites, situated outside of Kalemie, as well as assisted IDPs to return to their areas of origin. During the period, A total of 3,154 IDPs (1,726 females and 1,428 males) were transferred to displacement sites outside of Kalemie, and 390 IDPs (232 females and 158 males) returned to their areas of origin.

Furthermore, IOM plans to conduct site planning at Kikumbe displacement site. As it is a spontaneous displacement site, Kikumbe doesn't adhere to local CCCM standards; therefore, IOM plans to conduct plot demarcation, creation of sanitary corridors and construct transit hangars and administrative centres. In addition, the newly arriving households have installed themselves under an overhead power line which could potentially be dangerous. Therefore, as soon as the site planning has finished these households will be assisted to move from their current location.



SHELTER AND NON-FOOD ITEMS

In Tanganyika, the high influx of IDP households previously displaced in Lukwangulo to the Kikumbe displacement site has propelled the demand for shelter interventions in Kikumbe to address the needs of the newly arrived households.

From 28 April to 5 May, IOM in partnership with United Nations High Commissioner for Refugees (UNHCR) and the Reponse Rapide au Mouvements de Population (RRMP) distributed 1,748 shelter kits to 1,748 households in Kikumbe displacement site (each household received one shelter kit). Each kit included poles for basic framing, nails, a ball of rope, tarpaulins and a mosquito net. In total 19,500 sticks, 1,500kg

of nails, 1,784 balls of rope, 3,496 tarpaulins and 7,143 mosquito nets were distributed.

During the reporting period, IOM constructed 200 emergency shelters in Katanika displacement site and, as a part of a pilot project, started the construction of transitional shelters. Prior to these shelters being constructed, IOM prepared 1,375 shelter plots, created 17 sanitary corridors and 26 blocks of shelters in Katanika. Furthermore, in the

same displacement site, IOM constructed 100 latrines, 50 showers and 25 rubbish pits. IOM contributed to strengthening the social cohesion between IDPs by engaging the current site residents in the construction of the transitional shelters. In the coming months, IOM will construct another 1,100 emergency shelters and 150 transitional shelters for the relocation of 1,300 households to Katanika.



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