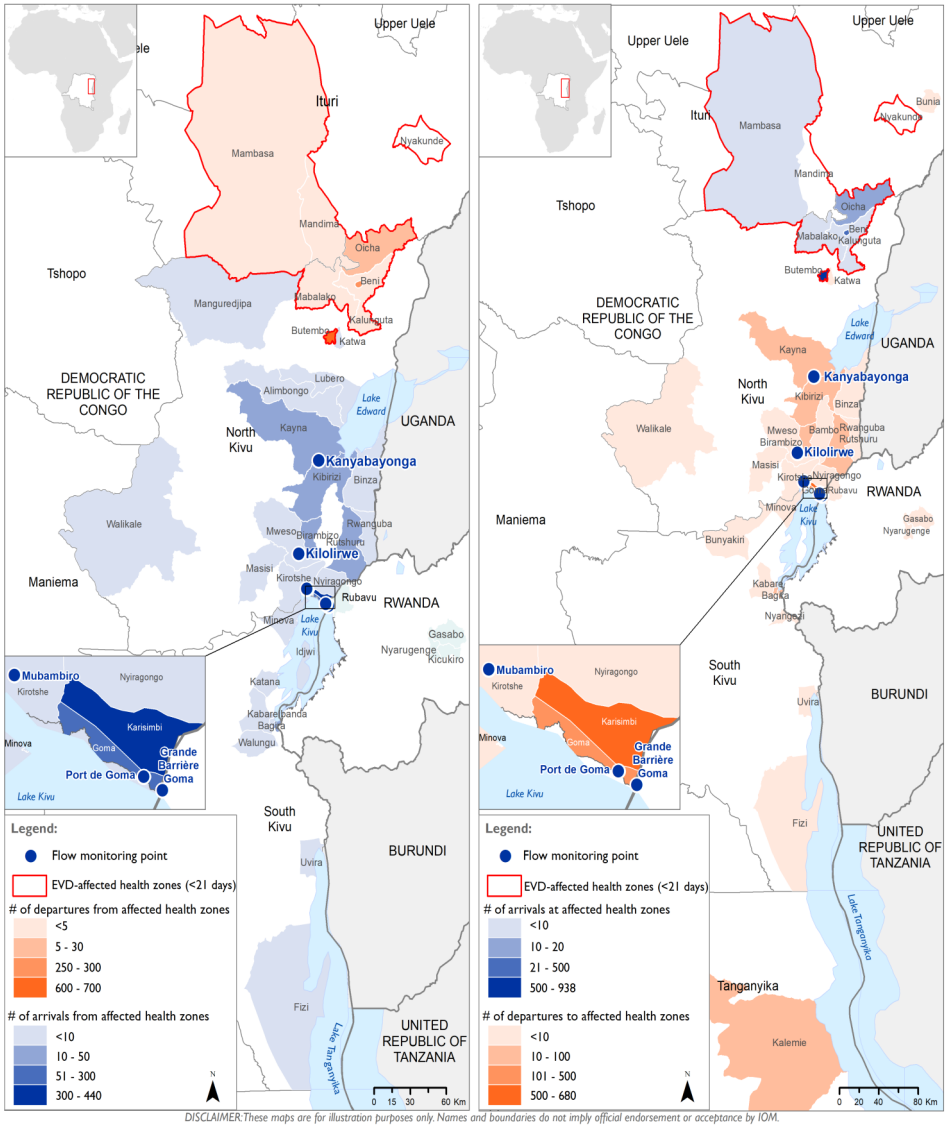
DEMOCRATIC REPUBLIC OF THE CONGO (DRC)
Flow Monitoring Dashboard - Ebola Virus Disease (EVD)

1 - 28 November 2019

Publication: 21 January 2020

(MAP 1-A) OUTGOING MOVEMENT FROM AFFECTED HEALTH ZONES

(MAP 1-B) INCOMING MOVEMENT TO AFFECTED HEALTH ZONES



DISCLAIMER:These maps are for illustration purposes only. Names and boundaries do not imply official endorsement or acceptance by IOM.

Note: Affected health zones are defined as those health zones which experienced a newly confirmed case of Ebola in the from 21 days prior to the start of the reporting period through the end of the period (i.e. from 09 October to 30 November 2019).

KEY FIGURES

5 Points of Entry / Control

2,415 Total movements observed to, from, and within **affected health zones**

38,940 Total movements observed to, from, and within **DR Congo**.

OVERVIEW AND TRENDS

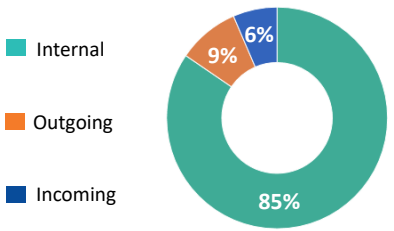
Over the reporting period from 1 to 28 November, a total of 38,940 movements were observed at five Flow Monitoring Points (FMPs) at Points of Entry and Control (PoE/PoCs): Kanyabayonga, Kilolirwe, Mumbambiro, Grande Barrière de Goma, and the Port of Goma. These locations were chosen strategically for the protection of major population centres, the monitoring of cross-border movements, and the monitoring movements between affected and non-affected zones.

Data from WHO and the Ministry of Health shows that a total of eight health zones were affected during the course of November. Affected health zones are defined as those which experienced a newly confirmed case of EVD from 21 days prior to the start of the reporting period through the end of the period (i.e. from 09 October to 30 November 2019).The number of newly confirmed cases decreased during the reporting period from 76 cases in October to 39 cases in November, while the number of zones experiencing new cases dropped from 10 to 4 over the same period.

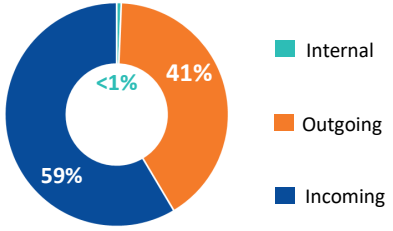
Of the 2,415 movements observed to, from, or within affected zones, DTM identified 985 outgoing movements from affected health zones (41%) and 1,414 incoming movements to affected areas (59%), while 16 movements were internal, within affected health zones (Fig. 1-B). Most of the outgoing travelers identified as departing from affected areas reported travelling from Beni and Butembo, and going to Goma and Karisimbi via the Kanyabayonga PoC (6-B). Observations from and to affected zones dropped sharply from mid-November (Fig. 8), as a result of the suspension of data collection at Kanyabayonga PoC from the 16th onward due to insecurity (Fig. 8).

As expected, the vast majority of movements from and to affected zones were observed through Kanyabayonga PoC (6-B), while the vast majority of all cross-border movements were observed via Grande Barrière PoE (6-A). A relatively small number (n=17) of travelers observed from affected zones reported their final destination as outside of DRC, nearly half of which were travelling to Rwanda via Grande Barrière.

(FIG. 1-A) ALL MOVEMENTS



EVD AFFECTED ZONES (FIG. 1-B)



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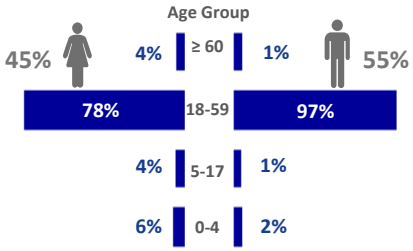
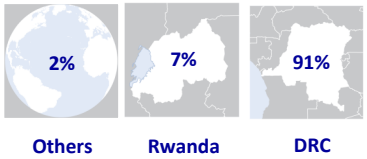
ALL MOVEMENTS OBSERVED

DEMOGRAPHIC (FIG. 2-A)

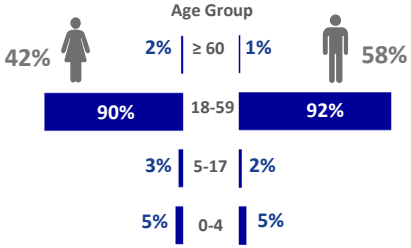


NATIONALITY (FIG. 3-A)

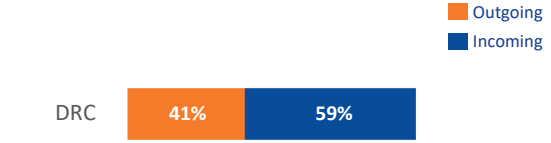


MOVEMENTS OBSERVED TO/FROM AFFECTED ZONES

DEMOGRAPHIC (FIG. 2-B)



NATIONALITY (FIG. 3-B)



All other nationalities represent less than 1 percent. Men observed as travelling from or to an affected zone outnumbered women by more than a third.

REASONS FOR MOVING (TAB. 1-A)

	Total	Outgoing	Incoming	Internal
Visit family	33%	39%	19%	33%
Return to habitual residence	32%	30%	47%	31%
Economic reasons	16%	15%	21%	16%
Buy goods for personal consumption	5%	0%	0%	6%
Tourism	4%	3%	4%	4%
Education	1%	2%	0%	1%
Seasonal	0%	0%	0%	1%
Healthcare	2%	6%	0%	1%
Others	3%	6%	9%	7%
Total	100%	100%	100%	100%

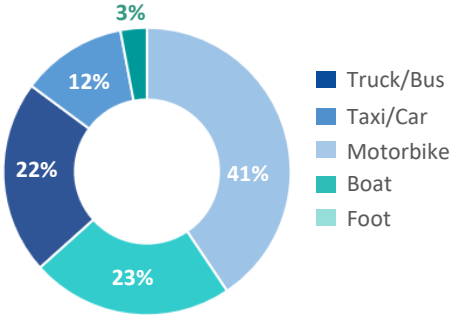
REASONS FOR MOVING (TAB. 1-B)

	Total	Outgoing	Incoming
Visit family	57%	53%	59%
Return to habitual residence	31%	37%	27%
Economic reasons	7%	3%	9%
Buy goods for personal consumption	0.5%	0.4%	0.6%
Tourism	0.4%	1.0%	0%
Education	0.3%	0.6%	0.1%
Seasonal	0.2%	0.5%	0%
Healthcare	0.1%	0%	0.1%
Others	4%	4%	4%
Total	100%	100%	100%

VULNERABILITY PROFILE (FIG. 4-A)

- **4.6%** Children under five
- **0.3%** People with disability
- **5.3%** Pregnant or lactating women
- **0.6%** Elderly
- **<0.1%** Unaccompanied children

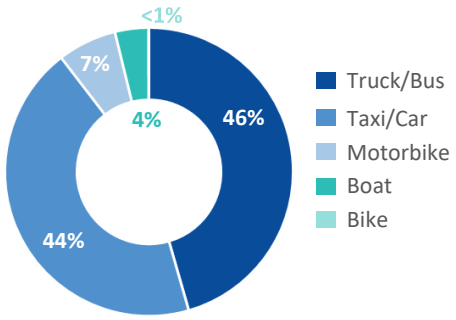
MODE OF TRANSPORT (FIG. 5-A)



VULNERABILITY PROFILE (FIG. 4-B)

- **3.5%** Children under five
- **0.5%** People with disability
- **0.4%** Pregnant or lactating women
- **0.2%** Elderly
- **<1%** Unaccompanied children

MODE OF TRANSPORT (FIG. 5-B)



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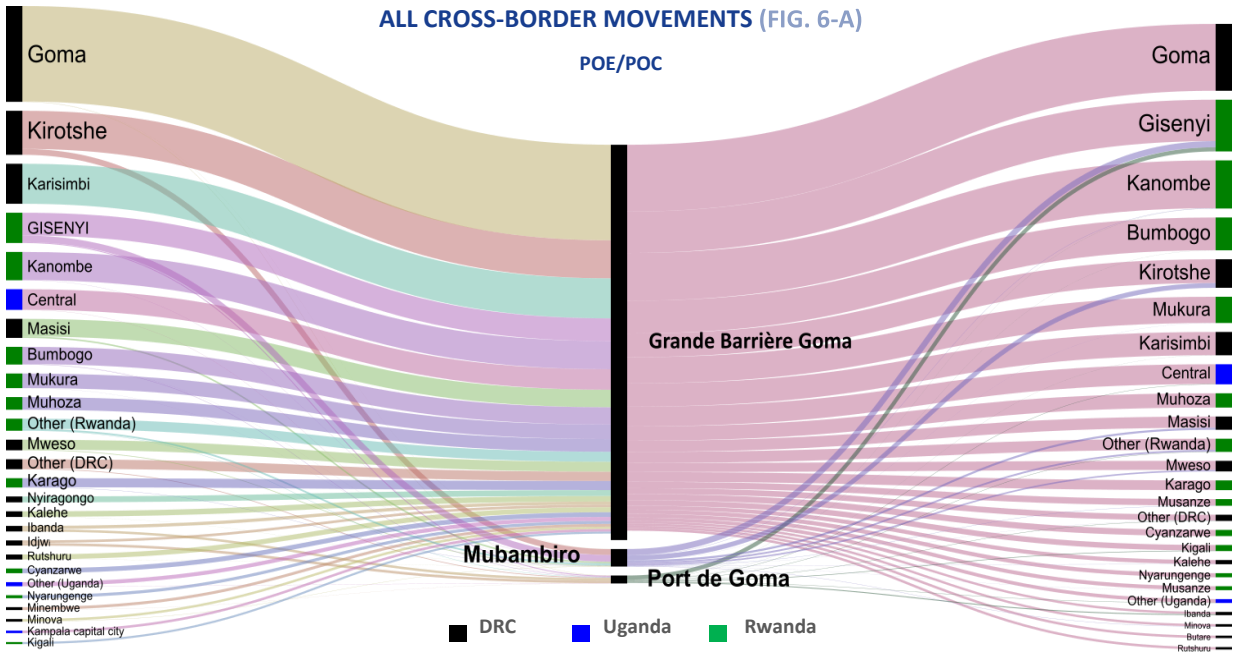
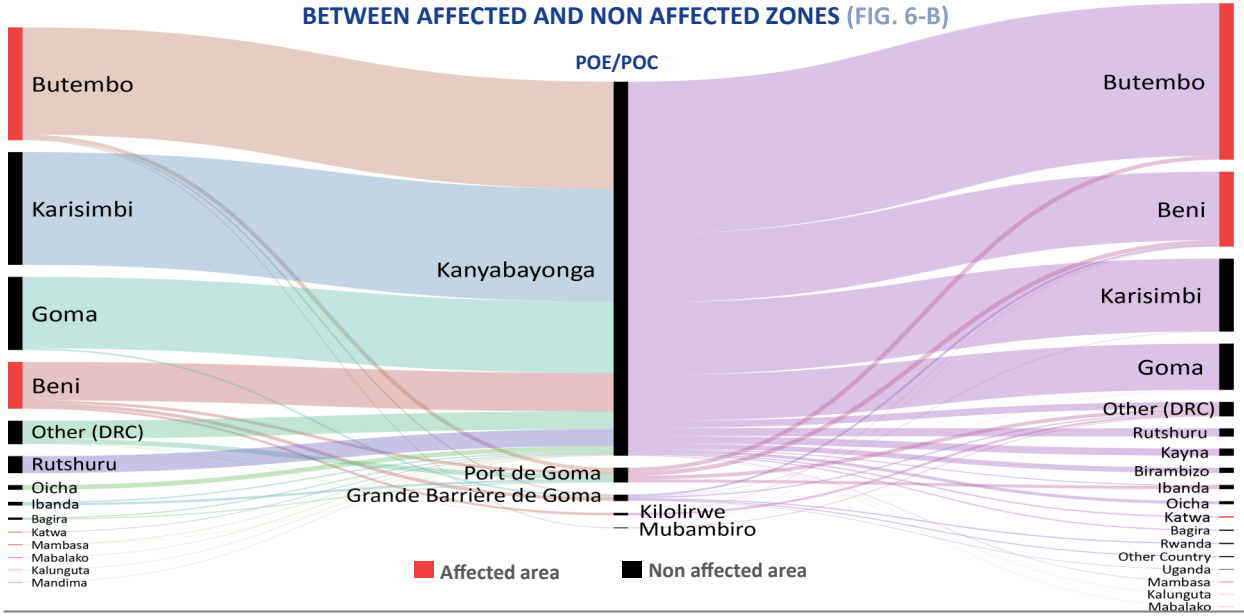
ALL CROSS-BORDER MOVEMENTS (FIG. 6-A)



BETWEEN AFFECTED AND NON AFFECTED ZONES (FIG. 6-B)



HIGHLIGHTS

- The majority of identified travelers coming from affected areas came from Butembo (68%), followed by Beni (28%) and Oicha (3%) (Map 1 & 6-B).
- The vast majority (98%) of travelers observed from affected areas moved to non affected areas.
- The vast majority of identified travelers to affected health zones reported their destinations as Beni (66%) and Butembo (32%) (Map 1 and Fig 6-B).
- Of all movements observed within DRC in November, some 4 per cent of travelers reported an affected zone as their destination (Key Figures).
- Outgoing movements observed from DRC were roughly 50% higher than incoming movements to DRC (Fig 1-A).
- Some 6% of all outgoing movements from DRC were to seek healthcare.
- Of all travelers observed, 91% were nationals of DRC, and 7% Rwandan
- Of the 46 countries reported by outgoing travelers from DRC as their final destinations, the most frequent were Rwanda (77%), Uganda (8.6%), Burundi (4.4%), Kenya (2.3%), and Tanzania (1.9%), and Belgium (1.2%).
- Of all movements, approximately one in ten (11%) had a vulnerability.

Note on Figures 6-A and 6-B: The figures portray movements originating in one city (left) and transiting through a PoE/PoC (centre) to a final destination (right). Movements are aggregated at the centre column (i.e. cannot be followed directly from left to right), and the width of a flow is scaled according to the number of persons. Origins and final destinations are coloured by category.

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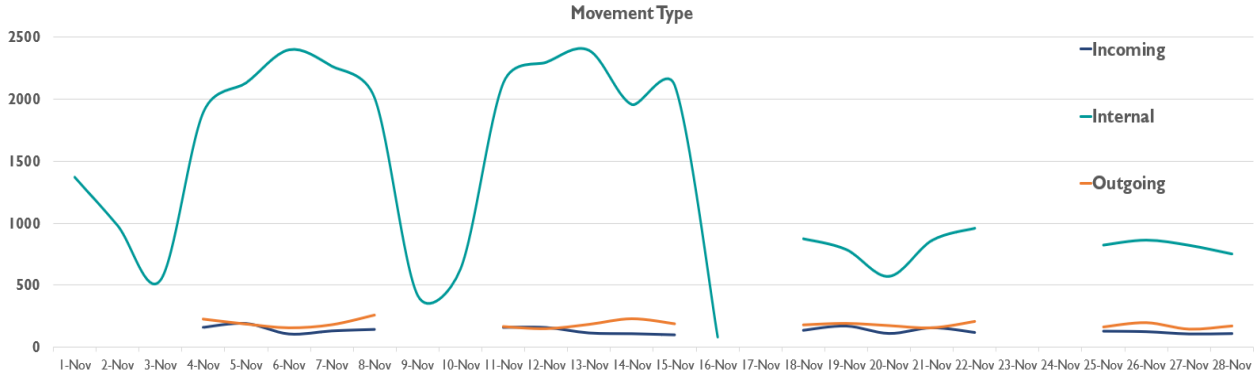
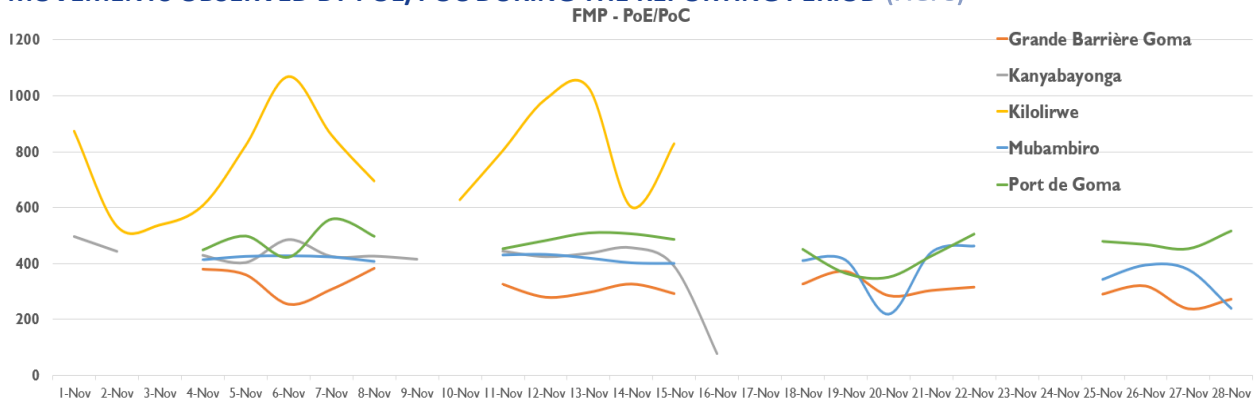
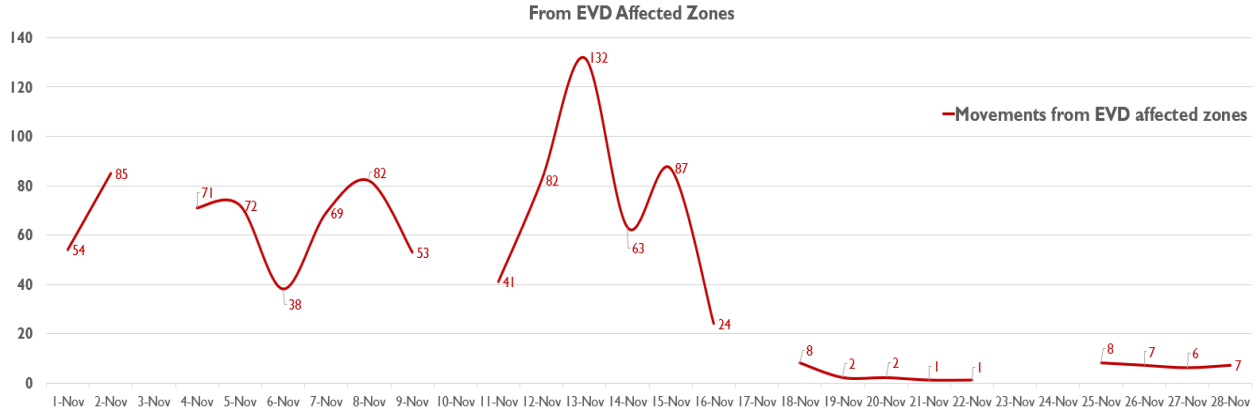
TYPE OF DAILY MOVEMENT OBSERVED DURING THE REPORTING PERIOD (FIG. 7)



MOVEMENTS OBSERVED BY POE/POC DURING THE REPORTING PERIOD (FIG. 8)



TRAVELERS FROM AFFECTED ZONES OBSERVED DURING THE REPORTING PERIOD (FIG. 9)



METHODOLOGY

Flow Monitoring (FM) is one of the components of the Displacement Tracking Matrix (DTM) which aims to capture population flows at specific points to describe trends in the volumes and characteristics of mobile populations. The FM exercise monitors movements of travelers passing through Flow Monitoring Points (FMPs) at Point of Entry (PoE) and Points of Contol (PoC) supported by IOM, informing on migrants' points of departures, intended destination, reasons for moving, mode of transport, vulnerabilities and their socio-demographic characteristics. In the context of public health preparedness or response interventions, IOM DRC complements FM data with information from the Ministry of Health on the Ebola Virus Disease Outbreak. FM is conducted at points of entry bordering other countries and points of control within DRC where IOM supports surveillance, hygiene promotion, and risk communication activities. FM is conducted at PoE/PoCs which are strategically placed for the protection of population centres, the monitoring of cross-border movements and those between affected and non-affected zones. The locations of the FMPs are jointly selected by IOM's Migration Health Division and the Ministry of Health. Data is collected on tablets/phones through interviews with travelers by local enumerators. Data collection is carried out five days a week during official opening hours.

LIMITATIONS

Geographical coverage of FM activities is not exhaustive and is limited to FMPs at selected PoE/PoCs. Information provided is representative only of those movements observed at the selected locations (FMPs) where they were collected. Isolated FMR results are not indicative of movements in other non-monitored transit locations and are not representative of all flows in the geographical region covered by the exercise. The findings must be read as indicative of change in trends, rather than exact measurements of mobility. FMR does not replace, in any case, official estimates at border crossing points.