Global Crisis Response Platform
Working across the Humanitarian-Development-Peace nexus

Ebola Virus Disease (EVD) - Regional Emergency Health Response Plan 2020-2022

2020

Funding Required

$40,100,000

Target Beneficiaries

4,500,000

IOM Vision

In line with the International Health Regulations (IHR 2005) and the Global Health Security Agenda (GHSA), IOM aims to contribute to the prevention, early detection and response to Ebola Virus Disease (EVD) in Southern Africa, East and Horn of Africa, and West and Central Africa from a human mobility-centred perspective.

Aligned with priorities outlined in the EVD Strategic Response Plan 4 (SRP4), IOM's Health Border and Mobility Management framework, the GHSA and IHR, IOM seeks to contribute to the continued containment, recovery and future health system preparedness for EVD by prioritising enhanced active disease surveillance through supporting technical and operational capacity in health screening and contact tracing, community event-based surveillance, and risk communication and community engagement at Points of Entry (PoE) and among border communities in order to save lives and prepare for future outbreaks. In strengthening the capacities of relevant stakeholders, IOM aligns its priorities with the Sustainable Development Goal (SDG) for early warning, risk reduction and management of national and global health risks. IOM invests in training frontline workers on early detection, prepositioning of medical supplies to support any immediate response and prevention of disease spread including infection prevention and control in the case?of an outbreak.

Context Analysis

The situation within the Democratic Republic of the Congo is one of the most complex and protracted crises and humanitarian situations in the world and has been further impacted by the most recent EVD outbreak that began in August 2018. This outbreak is the second-largest and deadliest in history, adding to an already enormous humanitarian situation. As of 7 January 2020, a total of 3,392 EVD cases have been reported, including 3,274 confirmed and 118 probable cases (case fatality ratio 66%). According to the Ministry of Health (MoH)/World Health Organization (WHO), the number of deaths rose to 2,235 since 1 August 2018, when the outbreak was officially declared. Due to the security situation in the country, cases have recently spiked, where week 50 in 2019 saw 22 new cases, a sharp increase from the preceding week 7. The uptick in new cases was predicted by the WHO following the attacks on Ebola treatment centres at the end of 2019 and consequent interruptions of treatment, serving to further emphasise the ongoing fragility of the situation.

More than half of all cases have been female (56%) and children under 18 years of age constitute close to a third of all cases. The WHO has assessed the risk of the current DRC EVD outbreak at national and regional levels as very high as a result of the transportation and trade links between the affected areas, the rest of the country and neighbouring countries, internal displacement and the movement of refugees from DRC to neighbouring countries. Uganda declared an outbreak from June-August 2019 due to cases coming across the border from the DRC. While there are signs the number of cases is slowly reducing, the outbreak remains a critical global, regional and national public health concern, and entering into 2020, it still remains unclear when it will end. The DRC EVD outbreak has been characterised by continuous shifts in disease hot-spots and their locations, challenges in contact identification, and recurring security incidents that impact response activities - which are further compounded by a lack of resources.

Looking at 2020 and beyond, population movement, both within the DRC and across borders to the neighbouring countries, continue to increase the risk of disease spread. Significant additional resources are required in the years ahead to facilitate both the ongoing response and preparedness efforts, namely through strengthening the International Health Regulations' (IHR 2005) core capacities, specifically the reinforcing of public health surveillance at points of entry and control (POE/POC). Focusing on improving the quality of health screenings, the responsiveness to epidemiological trends, on improving cross border surveillance, and in supporting contact tracing to implement surveillance activities that aim at reducing disease transmission within the country and across the borders, will assist in the fight to end the latest EVD epidemic. This will also aid in preparing for and mitigating the threat of future epidemics due to enhanced capacity and health system strengthening at the national level, and in the neighbouring border countries, whilst working in synergy with key partners. Target beneficiary figures are an estimate of total direct beneficiaries, that is, an aggregate of the two DRC Ebola-affected province populations, in addition to the populations of South Sudan, Burundi, Uganda, Rwanda and Tanzania.

Coordination

At the headquarters level, IOM participates in the Global Point of Entry Taskforce led by WHO, together with the US Centers for Disease Control (CDC), as well as other platforms such as the

Global Outbreak Alert and Response Network (GOARN). As a Strategic Advisory member of the Global Health Cluster, and an active participant in the Inter-Agency Standing Committee (IASC), IOM coordinates closely with other cluster and committee actors to ensure a holistic response in its health programming. Furthermore, IOM has assumed a leading role in coordination for POEs in DRC, South Sudan, Burundi and Uganda.

The IOM Mission in the DRC and IOM Missions in neighbouring countries have long-standing relationships with various actors including the Ministries of Health, UN agencies, NGOs, and local communities. In each country, IOM's main partner is the IHR designated Port Health Authority, such as the National Program of Hygiene at Borders (PNHF) in the DRC. Under IHR, IOM aims to support national governments to meet their commitments to IHR by supporting national, provincial and local efforts on disease prevention and control, as well as cross border coordination, including understanding population movement across borders. Thus, IOM Missions also coordinate closely with the national structures in each of the Priority 1 countries, with one another, and with national-level coordination structures for EVD preparedness and response.

IOM will continue to implement programming in partnership with all government stakeholders, and in collaboration with UN agencies, specifically WHO (including weekly contributions to WHO's Regional Office for Africa situation reports), CDC, national and sub-national taskforces and committees, intersectoral and interagency mechanisms and partners in each country, and at the regional and headquarters level to ensure a synergy of efforts. IOM also partners with UNICEF for the development of risk communication messages and information, education and communication material, and continues to work with UNICEF to better community engagement activities (RCCE).

IOM Capacity

IOM has substantial experience in responding to public health emergencies including EVD at the national and regional level, particularly with regards to understanding human mobility and border surveillance and management. This is in part due to IOM's health and cross-sectoral expertise in population mobility mapping (PMM), health screening and active surveillance, risk communication/community engagement and the establishment of infection prevention and control systems. IOM's comparative advantage includes its multi-sectoral nature and the ability of health teams to work alongside IOM’s Water, Sanitation, and Hygiene (WASH) and the Displacement Tracking Matrix (DTM) teams, providing a timely, evidence-based and informed response to the epidemic. Nonetheless, IOM fully comprehends that this outbreak and others will not be stopped, nor prevented, without the engagement of other relevant national and international actors, and always ensuring synergies in its approaches and efforts. IOM understands the complexities that are associated with such protracted crises, particularly in the light of the humanitarian-development-peace nexus, and strives to implement programming that is evidence-based, complementary and sustainable, that considers peace-building and development, as well as humanitarian interventions.

IOM’s experience during the 2014 EVD outbreak in West Africa has helped hone the necessary response in the ongoing outbreak, whereby IOM works with partners and key stakeholders to continually map cross-border and in-country population movement with epidemiological data, to

better understand and target public health interventions throughout the life-cycle of the outbreak. IOM is thus fully equipped with the technical and operational capacity, expertise and experience in EVD preparedness and response based on ongoing interventions and lessons learned.

Currently, IOM supports 108 points of entry (POEs) and points of control (POCs) in DRC and about 35 POEs in South Sudan and Uganda, for a total of 143 POCs/POEs. In DRC, IOM has supported the screening of about 2.1 million instances of travel each week. As of 15 December 2019, 32 confirmed cases of EVD were intercepted at a POE/POC, out of which 9 were intercepted at a POE when attempting to cross from DRC to Uganda.

Objective
Saving lives and protecting people on the move

$24,600,000	2,300,000
Funding Required	**Target Beneficiaries**

Direct beneficiaries will include Ministry of Health staff supported by IOM, travellers, migrants, IDPs and refugees provided with health screening, risk communication messages and hand washing services along the mobility continuum. Indirect beneficiaries will include the local communities surrounding the points of entry and control in the two affected provinces where IOM activities are implemented.

Health Support

Funding Required

$24,600,000

In the DRC in 2020, IOM will ensure the targeted support of a variety of critical health interventions, in order to save lives and help contribute to halting the spread of the Ebola outbreak.

DRC:

1. Provide direct support at POE through surveillance with health screenings, hand washing and hygiene promotion, risk communication and community engagement (RCCE), and staffing/supervision support.
2. Refer/isolate suspected cases, conduct secondary screening and refer suspected cases to Ebola Transit Centers or health facilities.
3. Conduct contact tracing leading to minimising the potential spread of EVD.
4. In partnership with other agencies, conduct informed and targeted RCCE, in order to inform communities in a culturally sensitive manner about EVD.
5. Deploy surge teams in order to respond rapidly to cases in new locations/changes in epidemic trends.
6. Implement community events-based surveillance (CEBS) in key identified locations and with high-risk groups, so that cases are more easily found by trained community health workers.

7. Conduct population mobility mapping (PMM) and flow monitoring in key mobility locations to better understand mobility risk factors associated with EVD at the community, national and regional levels (especially at priority locations).
8. Analyse mobility data and EVD epidemiological reports to produce situation reports and maps, including regional-level analysis. This will lead to the identification of key intervention areas, alongside informed and targeted public health interventions at community, national and regional levels.
9. Share critical epidemiological and mobility information widely to support inter-agency coordination, including the mapping, updating and sharing of information at local, national and regional levels, leading to a more informed response to limit, and eventually halt, the spread of EVD.

It is estimated that in 2020, USD 24.6m is required by the DRC for Health Support in order to respond to the ongoing epidemic. Ensuring sufficient resources are available for neighbouring countries to help mitigate the risks the virus crossing borders is also critical, and discussed in the Activity Area - Strengthen Preparedness and Reduce Disaster Risk.

Objective
Strengthen preparedness and reduce disaster risk

$15,500,000	4,500,000
Funding Required	**Target Beneficiaries**

Complementing IOM's proposed critical actions to save lives and respond to needs through humanitarian assistance and protection, IOM realises the acute need to simultaneously strengthen preparedness and reduce disaster risk so target beneficiaries will be at reduced risk of contracting EVD, along with other infectious diseases, due to enhanced prevention, detection and response efforts and to simultaneously end this - and prevent future - epidemics. Direct beneficiaries will include Ministry of Health staff supported by IOM, travellers, migrants, IDPs and refugees provided with health screening, risk communication messages and hand washing services along the mobility continuum. Indirect beneficiaries will include the local communities surrounding the points of entry and control in the prioritized territories where IOM activities are implemented.

Health components of preparedness and risk reduction

Funding Required

$15,500,000

In light of the critical need for comprehensive preparedness and risk reduction from a health-mobility centred lens, IOM will implement the following activities in the years 2020-2023 to help contribute to saving lives, halting the spread, being better prepared and reducing the risk of future epidemics in the DRC and neighbouring Priority 1 countries.

Activities conducted will be adapted to cultural and epidemiological contexts on a needs-assessed and iterative basis.

DRC:

1. Establish, and/or rehabilitate POEs and POCs based on epidemiological trends and population mobility patterns to improve the ability to detect and find EVD cases.
2. Provide necessary equipment to POEs to support border health surveillance, including essential supplies such as infrared thermometers, personal protective equipment (such as gloves, masks, aprons and gumboots), infection prevention and control supplies (such as chlorine, soap, alcohol-based rub, sprayers), visibility items, data collection tools, and stationery. This also includes ICT equipment, alongside water, sanitation and hygiene (WASH) and other infrastructure.
3. Refer/isolate suspected cases, conduct secondary screening and refer suspected cases to Ebola transit centres or health facilities.
4. Supervise POEs, and train border, security and health personnel in the DRC on screening, health border and mobility management, surveillance, risk communication and community engagement (RCCE), record keeping, referrals and cross-border notification.
5. Bolster staff capacity to detect and trace EVD cases due to the development of EVD-related tools and guidelines (including screening, surveillance, notification, infection prevention and control (IPC), case management, contract tracing, risk communication) to improve alert and case detection at POEs/POCs.
6. Analyse mobility data and EVD epidemiological reports to produce situation reports and maps, including regional-level analysis leading to the identification of key intervention areas, alongside informed and targeted public health interventions at local, national and regional levels that can help halt the spread of EVD.
7. Conduct population mobility mapping (PMM) exercises and flow monitoring to better understand population mobility in the context of public health preparedness.
8. Share critical epidemiological and mobility information widely to support inter-agency coordination, including the mapping, updating and sharing of information at local, national and regional levels, leading to a more informed response to limit the spread of EVD.
9. Map and update information related to preparedness (including staffing, infrastructures, referrals) at border locations through POE assessments.
10. Provide psychosocial support training (and other relevant training) to frontline health workers and those working in Ebola preparedness.
11. Support cross border coordination mechanisms between DRC and neighbouring countries to strengthen information management, surveillance and response capacity to EVD and emerging health threats, such as through the coordination of district level and national level cross border meetings.
12. Undertake preparedness capacity assessments and conduct simulation exercises.

Burundi:

1. Establish, and/or rehabilitate POEs and POCs based on epidemiological trends and population mobility patterns to improve their ability to detect and find EVD cases.
2. Provide necessary equipment to POEs to support border health surveillance, including essential supplies such as infrared thermometers, personal protective equipment (such as gloves, masks, aprons and gumboots), infection prevention and control supplies (such as chlorine, soap, alcohol-based rub, and sprayers), visibility items, data collection tools, and stationery. This also includes ICT equipment, alongside water, sanitation and hygiene (WASH) and other infrastructure.
3. Refer/isolate suspected cases, conduct secondary screening and refer suspected cases to Ebola transit centres or health facilities
4. Supervise POEs, and train border, security and health personnel in the DRC on screening, health border and mobility management, surveillance, risk communication and

community engagement (RCCE), record keeping, referrals and cross-border notification.

5. Bolster staff capacity to detect and trace EVD cases due to the development of EVD-related tools and guidelines (including screening, surveillance, notification, infection prevention and control (IPC)), case management, contract tracing, risk communication to improve alertness and case detection at POEs/POCs.
6. Analyse mobility data and EVD epidemiological reports to produce situation reports and maps, including regional-level analysis leading to the identification of key intervention areas, alongside informed and targeted public health interventions at local, national and regional levels that can help halt the spread of EVD.
7. Conduct population mobility mapping (PMM) exercises and flow monitoring at the local level through participatory meetings in key border locations of the high priority districts that border the DRC and Rwanda to understand mobility pathways and volume in order to target and inform public health interventions at the national and regional levels.
8. Share critical epidemiological and mobility information widely to support inter-agency coordination, including the mapping, updating and sharing of information at local, national and regional levels, leading to a more informed response to limit the spread of EVD.
9. Map and update information related to preparedness (including staffing, infrastructures and referrals) at border locations through POE assessments.
10. Provide psychosocial support training (and other relevant training) to frontline health workers and those working in Ebola preparedness.
11. Support cross border coordination mechanisms between Burundi and neighbouring countries to strengthen information management, surveillance and response capacity to EVD and emerging health threats, such as through the coordination of district level and national level cross border meetings.
12. Undertake preparedness capacity assessments and conduct simulation exercises.

Rwanda:

1. Conduct population mobility mapping (PMM) exercises and flow monitoring to better understand population mobility in key border locations of the Rusizi district with the DRC and Burundi in the context of public health preparedness.
2. Ensure the daily supervision of PMM activities at border points. Four POE sites (two with the DRC and two with Burundi) reporting regularly on population mobility trends at the borders.
3. Provide necessary equipment to POEs to support border health surveillance, including essential supplies such as infrared thermometers, personal protective equipment (such as gloves, masks, aprons and gumboots), infection prevention and control supplies (such as chlorine, soap, alcohol-based rub and sprayers), visibility items, data collection tools, and stationery. This also includes ICT equipment, alongside water, sanitation and hygiene (WASH) and other infrastructure.
4. Maps and updated information related to preparedness (including staffing, infrastructures, referrals) at border locations through POE assessments
5. Draft and share monthly reports on the population mobility of the Rusizi District at the border with the DRC and Burundi.
6. Bolster capacity and train frontline staff on EVD screening activities at POEs and provide incentives where necessary.
7. Conduct monitoring support missions with the Ministry of Health to assess the effectiveness of the screenings at the border in terms of procedures applied and human resources capacities.

8. Support cross border coordination mechanisms between Rwanda and neighbouring countries to strengthen information management, surveillance and response capacity to EVD and emerging health threats, such as through the coordination of district level and national level cross border meetings.
9. Undertake preparedness capacity assessments and conduct simulation exercises.

Uganda:

1. Provide direct support at POEs by supporting POE surveillance with health screenings, hand washing and hygiene promotion, and supervision support to enhance awareness of EVD.
2. Provide necessary equipment to POEs to support border health surveillance, including essential supplies such as infrared thermometers, personal protective equipment (such as gloves, masks, aprons and gumboots), infection prevention and control supplies (such as chlorine, soap, alcohol-based rub and sprayers), visibility items, data collection tools, and stationery. This also includes ICT equipment, alongside water, sanitation and hygiene (WASH) and other infrastructure.
3. Refer/isolate suspected cases, conduct secondary screening and refer suspected cases to Ebola transit centres or health facilities.
4. Conduct population mobility mapping (PMM) and flow monitoring in priority locations to better understand mobility pathways and volume in order to target and inform public health interventions at the national and regional levels.
5. Capacity building of health and non-health workers on conducting screening including border agencies on integrated border management.
6. Training of health workers and screeners on EVD screening and POE toolkit content.
7. Analyse mobility data and EVD epidemiological reports to produce situation reports and maps, including regional-level analysis leading to the identification of key intervention areas, alongside informed and targeted public health interventions at local, national and regional levels that can help halt the spread of EVD.
8. Share critical epidemiological and mobility information widely to support inter-agency coordination, including the mapping, updating and sharing of information at local, national and regional levels, leading to a more informed response to limit the spread of EVD.
9. Draft and share monthly reports on the population mobility in the high-risk districts bordering Uganda and the DRC.
10. Support cross border coordination mechanisms between Uganda and neighbouring countries to strengthen information management, surveillance and response capacity to EVD and emerging health threats, such as through the coordination of district level and national level cross border meetings.
11. Undertake preparedness capacity assessments and conduct simulation exercises.

South Sudan:

1. Establish and rehabilitate POEs and POCs based on epidemiological trends and population mobility patterns to improve the ability to detect suspected EVD cases.
2. Provide necessary equipment to POEs to support border health surveillance, including essential supplies such as infrared thermometers, personal protective equipment (such as gloves, masks, aprons, and gumboots), infection prevention and control supplies (such as chlorine, soap, alcohol-based rub and sprayers), visibility items, data collection tools, and stationery. This also includes ICT equipment, alongside water, sanitation and hygiene (WASH) and other infrastructure.

3. Supervise POEs, and train border, security and health personnel on health screening, health border and mobility management, surveillance, risk communication and community engagement, record keeping, referrals and cross-border notification.
4. Bolster staff capacity to detect and trace EVD cases due to the development and validation of EVD-related standard operating procedures, tools and guidelines (such as screening, surveillance, infection prevention and control (IPC), case management, contract tracing, risk communication) to improve alertness and suspected case detection at POEs/POCs.
5. Analyse mobility data and EVD epidemiological reports to produce situation reports and maps, including regional-level analysis leading to the identification of key intervention areas, alongside informed and targeted public health interventions at local, national and regional levels that can help halt the spread of EVD.
6. Conduct population mobility mapping exercises (PMM) and flow monitoring to better understand population mobility in the context of public health preparedness.
7. Share critical epidemiological and mobility information widely to support inter-agency coordination, including the mapping, updating and sharing of information at local, national and regional levels, leading to a more informed response to limit the spread of EVD.
8. Support cross border coordination mechanisms between South Sudan and neighbouring countries to strengthen information management, surveillance and response capacity to EVD and emerging health threats, such as through the coordination of district level and national level cross border meetings.
9. Undertake preparedness capacity assessments and conduct simulation exercises.

Tanzania:

1. Establish and enhance disease surveillance and prevention activities at POE:
    - Conduct health screening based on the case definition for event/community alerts as per standard operating procedures;
    - Deployment of 10 mobile teams to six high risks districts (Kigoma Ujiji MC, Kasulu DC, Buhigwe, Misenyi, Kyerwa and Tunduma districts) to assess population movement and mobility trends in areas that might be at high risk of transmission, initiate POE surveillance and prevention measures that assist in the recruitment and capacity building and training of local staff, establish and equip the POE, and supervise initiation of activities;
    - Establishment of 10 flow monitoring points to identify mobility-affected priority locations for priority public health interventions. The locations for points may include Kigoma Ujiji, Kagunga, Manyovu, Mabamba, Mwangongo, Rusumo, Kabanga, Murusagamba, Mtukula and Murongo.
2. Strengthening the capacity of POE on EVD surveillance activities:
    - Train front line workers including port and border health official on surveillance, infection prevention and control (IPC) and risk communication and community engagement (RCCE) to strengthen the screening of travellers and response capacities at the points of entry;
    - Provide necessary equipment to POEs to support border health surveillance, including essential supplies such as infrared thermometers, personal protective equipment (such as gloves, masks, aprons and gumboots), infection prevention and control supplies (such as chlorine, soap, alcohol-based rub and sprayers), visibility items, data collection tools, and stationery. This also includes ICT equipment, alongside water, sanitation and hygiene (WASH) and other infrastructure;

- Undertake preparedness capacity assessments focusing on POEs, health facilities in border health zones, and referral pathways;
- Deploy mobile teams to 6 high risks districts (Kigoma Ujiji MC, Kasulu DC, Buhigwe, Misenyi, Kyerwa and Tunduma).

3. Enhance preparedness and prevention activities in moderate and high-risk districts:
   - Orient community health workers, volunteers, community leaders, traditional healers and NGOs volunteers on surveillance, IPC and RCCE;
   - Train multi-sectoral local government authorities from high risks districts on disease preparedness and prevention;
   - Conduct risk communication, community engagement and social mobilisation activities on EVD preparedness and prevention;
   - Provision of EVD awareness-raising and WASH activities in Bukoba MC, Kigoma DC, Kasulu TC, Kibondo, Bukoba DC, Karagwe, Ngara and Uvinza districts;
   - Distribute relevant information, education and communication (IEC) materials.

In 2020, it is estimated that USD 15.5m is needed for health components of preparedness and risk reduction, and is composed of Burundi requiring USD 3.1m; Uganda USD 2.8m; Rwanda USD 2m; South Sudan USD 6m; and Tanzania USD 2m, alongside the required USD 24.6m required for health support for the DRC.

OPERATIONAL PRESENCE

40	1124	30
International staff and affiliated work force	**National staff and affiliated work force**	**IOM Field Offices**

2021

Funding Required	Target Beneficiaries
$29,500,000	1,801,920

IOM Vision

In line with the International Health Regulations (IHR 2005) and the Global Health Security Agenda (GHSA), IOM aims to contribute to the prevention, early detection and response to Ebola Virus Disease (EVD) in Southern Africa, East and Horn of Africa, and West and Central Africa from a human mobility-centred perspective.

Aligned with priorities outlined in the EVD Strategic Response Plan 4 (SRP4), IOM's Health Border and Mobility Management framework, the GHSA and IHR, IOM seeks to contribute to the continued containment, recovery and future health system preparedness for EVD by prioritising enhanced active disease surveillance through supporting technical and operational capacity in health screening and contact tracing, community event-based surveillance, and risk communication and community engagement at Points of Entry (PoE) and among border

communities in order to save lives and prepare for future outbreaks. In strengthening the capacities of relevant stakeholders, IOM aligns its priorities with the Sustainable Development Goal (SDG) for early warning, risk reduction and management of national and global health risks. IOM invests in training frontline workers on early detection, prepositioning of medical supplies to support any immediate response and prevention of disease spread including infection prevention and control in the case?of an outbreak.

Context Analysis

The neighbouring countries to the Democratic Republic of the Congo (DRC) remain at high risk of Ebola virus disease (EVD) as long as outbreaks emerge and re-emerge within the country. DRC has declared three EVD outbreaks over the period of three years; 2018-2020 (9th 10th and 11th outbreaks), of which the 11th outbreak was recently declared over on the 17th November 2020. The potential risk factors for transmission of EVD to priority one preparedness countries include the movement of people and goods between the affected areas within the region, displacement of populations, limited infrastructure at Points of Entry (PoEs), presence of porous borders/unofficial crossings and the long-term humanitarian crisis and security situation in the Democratic Republic of the Congo (DRC), which limits the capacity of the government and national actors to prevent, detect and respond to EVD cases across borders.

The 10th EVD outbreak declared in North Kivu, DRC on 1st August 2018, was the second-largest in the world, and was particularly challenging as it took place in an active conflict zone. There were 3,470 cases, 2,287 deaths and 1,171 survivors attributed to this outbreak (WHO Sitrep 10th February 2020). Four cases were reported across the border in Uganda and one case was intercepted at the border of DRC and South Sudan, demonstrating the threat of cross border transmission in the priority countries neighbouring DRC namely South Sudan, Uganda, Rwanda, Burundi and Tanzania which borders DRC to the East.

On the 14th February 2021, the Government of DRC announced a new Ebola outbreak in Butembo North Kivu. As of 18th February, two more new cases were reported bringing the total number of cases to six (Ministry of Health sitrep 19th February 2021) IOM is currently supporting active surveillance at four Points of Control / Health Screening Points, providing training, conducting population flow monitoring, renovation of health screening points, and providing supplies. All the **5 priority one countries**; Uganda, South Sudan, Rwanda, Burundi and Tanzania have been alerted to activate preparedness and active surveillance. (Priority one countries are those with the potential of cross border infection due to mobility patterns and proximity to the infected area.)

Coordination

IOM is recognized at both at the national and international level as a key player in supporting emergency health preparedness and response efforts, including in public health emergencies. IOM is an active partner of WHO on migration and health-related activities, a member of the Inter-Agency Standing Committee's Global Health Cluster and, more recently, the Global Outbreak Alert and Response Network. IOM works closely with Ministries of Health and Transport, and Ministries with Immigration functions, as well as with key UN agencies including WHO, UNICEF and UNHCR and coordinates through the UN Country Team and the

UN Humanitarian Country Team. Other key partners include the US Centers for Disease Control and African Centres for Disease Control and Prevention. IOM has a regional coordination platform based in Nairobi that works closely with the WHO regional hub in Nairobi and Africa Centers for Disease Control and African Centres for Disease Control and Prevention -ACDC in supporting priority one countries on capacity building and preparedness.

In DRC, IOM continues to provide technical and operational guidance to the DRC Ministry of Health National Program of Hygiene at Borders (PNHF), and the National POE technical working group to meet the IHR government commitment through reinforcement of disease prevention and control at borders, enhance cross-border collaboration and contribute to building evidence-based knowledge on population mobility. Across the region, including in South Sudan, Uganda, Burundi, Rwanda and Tanzania, IOM continues to support governments in strengthening their preparedness for EVD and general border health security capacities. IOM co-chairs the POE Technical Working Group (TWG) meetings in South Sudan, Uganda and Burundi, while Rwanda and Tanzania have one national taskforce where IOM contributes as key member and lead of POE -TWG.

IOM Capacity

IOM is a recognized operational partner on health and the leading UN organization on migration. IOM has extensive experience in empowering governments and communities to prevent, detect and respond to health threats along the mobility continuum, whilst advocating for migrant-inclusive approaches that minimize stigma and discrimination. Furthermore, IOM has significant experience in migration management population mobility data analysis and health operations at POEs from West Africa in 2014-2015, as well as during the DRC's 10th and 11th Ebola outbreak between 2018 to 2020. During the COVID-19 pandemic, IOM is supporting POE surveillance in more than 20 countries in Africa. With more than 430 offices and about 14,000 staff across the world, including thousands working specifically on health and community engagement, IOM is uniquely placed to provide support in prevention and response to public health emergencies of international concern, including epidemics of concern in the African region, such as Ebola.

Furthermore, IOM has significant staff in DRC, South Sudan, Uganda, Tanzania, Rwanda and Burundi with the capacity to support preparedness efforts at POEs.

Objective

Saving lives and protecting people on the move

$13,900,000	1,801,930
Funding Required	**Target Beneficiaries**

Beneficiaries will include Ministry of Health staff supported by IOM, mobile population passing through the POE/ Point of Control POC and communities living in the surroundings of the POE/POC). Travellers and other mobile populations will benefit through accessing handwash and sanitation facilities at the POE/POCs. Border officials will also be trained on infection prevention and control.

Direct health support

Funding Required

$5,200,000

Democratic Republic of Congo:
IOM will provide direct support to strategic POE/POC activities in Equateur and North Kivu provinces including the 90-day transition period (27 POE/POC) and enhance the surveillance along mobility routes. Activities will include:

- Facilitate coordination/communication with the surveillance commission to ensure prompt investigation of alerts at POE/POC.
- Implement community event-based surveillance (CEBS) in the communities surrounding the POE/POC in line with the surveillance commission enhanced surveillance strategy.
- Organize workshops, trainings, and tabletop exercises with national, provincial and local health authorities to transfer competencies and ensure technical autonomy to set up first emergency response in the future.
- Donate materials and equipment to the Ministry of Health authorities in Equateur to set up and operate new POE/POC.
- Maintain surge capacity and first response teams to promptly react in the event of the resurgence of cases.

South Sudan:
IOM will continue to support four health facilities to prepare for the referral of suspected cases of EVD, if any. Activities include:

- Provide medical supplies, training and establishment of referral mechanism for cases identified in the field.
- Strengthen the capacity and readiness of the four primary health care facilities to identify, isolate and complete referrals of EVD suspect cases.

Provision of water, sanitation and hygiene in emergencies

Funding Required

$8,700,000

IOM will provide support to migrant and border communities who face several challenges constituting barriers to safe and dignified living conditions, for instance the lack of basic services, including clean water and sanitation facilities, which can lead to life-threatening sanitary and health problems. IOM will ensure that migrants at the border/ POE have access to handwashing or use of alcohol-based sanitisers as a means of infection prevention and control. The provision of all activities with the potential of mass gatherings (e.g. hygiene promotion, distributions etc.) will follow national/WHO guidelines on COVID-19 preventive measures, such as physical distancing, to promote public health and safety. In addition, activities will include:

Uganda:

- Improve access to safe water and reduce the risks of water-borne diseases.

- Contribute to strengthening the capacities of communities and promoting improved hygiene practices among the supported households and communities.

Rwanda:

- Implement water, sanitation and hygiene (WASH) operation and maintenance (O&M) activities at the POE facilities and in refugee camps (i.e. maintenance of existing latrines and water points).
- Conduct awareness-raising sessions for community leaders and members, distributing context-appropriate information, education and communication (IEC) materials in local schools, markets and the main areas around the selected POEs to promote EVD awareness and other related risks communication and prevention messaging. The distribution will aim to ensure access for women and girls, persons living with disabilities, the elderly and other vulnerable populations.??????

South Sudan:

- Maintain EVD infection prevention and control (IPC) measures at all screening sites through the provision of personal protective equipment (PPE), hand hygiene, training of border officials at the POE on IPC measures and risk communication and waste management at the POE.

Democratic Republic of Congo:

- Provide water, sanitation and hygiene (WASH) facilities at POE, including renovation of POE structures to allow easy control of crowds, construction/rehabilitation of latrines, or water points, installation of additional handwashing stations, that are close to POE.
- Conduct water trucking to priority POE and continue to advocate for a more sustainable water supply.

Objective
Strengthen preparedness and reduce disaster risk

$12,600,000	1,801,930
Funding Required	**Target Beneficiaries**

Direct beneficiaries will include the Ministries of Health and Port Health staff at POEs and border provinces that will be trained and supported by IOM, as well as the travellers along the border mobility continuum where IOM's intervention will take place.

Indirect beneficiaries will include the communities living in the surrounding of the POE targeted.

Health components of preparedness and risk reduction

Funding Required

$5,100,000

IOM will contribute to strengthening preparedness and mitigate disaster risk with the aim of mitigating the risk of transmission of EVD and other health threats to beneficiaries through enhancing prevention, detection and response efforts. The beneficiaries include travellers, migrants and refugees and the host communities where the interventions are implemented.

Burundi:

- Rehabilitate POEs based on epidemiological trends and population mobility patterns to improve their ability to detect and manage EVD suspected cases.
- Set up community event-based surveillance in all cross-border communities for early detection and referral of suspected cases crossing through unofficial PoEs.
- Support cross border coordination mechanisms between Burundi and neighbouring countries to strengthen information management, surveillance and response capacity to EVD and emerging health threats, such as through the coordination of district level and national level cross border meetings.

Democratic Republic of Congo:

- Strengthen the technical and operational capacity on disease surveillance and management of the Ministry of Health and develop IHR 2005 competencies at the national, provincial and local level.
- Map existing POE and main mobility routes.
- Develop and pilot a Community Based Surveillance (CBS) and Risk Communication and Community Engagement (RCCE) strategy for mobile populations crossing international and provincial borders (i.e. informal traders).
- Develop EVD related tools and guidelines (including screening, surveillance, notification, infection prevention and control (IPC), case management, contract tracing, risk communication to improve alertness and case detection at POEs/POCs.

Uganda:

- Undertake risk assessment and readiness to respond to health emergencies at POE/POCs, including updating information related to preparedness (staffing, infrastructures and referrals).
- Implement capacity building of health and non-health workers on integrated border management (health and humanitarian border management) including conducting screenings.

Rwanda:

- Distribute EVD preparedness posters and awareness-raising materials in Kinyarwanda at the main POEs, hotels, refugee camps, churches, markets, bus stations and health facilities.

Tanzania:

- Train frontline workers including port and border health officials on Surveillance, Infection Prevention and Control (IPC) and Risk Communication and Community Engagement (RCCE) taking into account perceptions among the population of transmission, treatment, preventive measures. and how this may differ between groups (youth, elderly, males,

females, etc.) in order to better target messaging and address any disease-related stigma, as well as strengthen screening of travellers and response capacities at the points of entry.
- Procure and provide the necessary equipment and supplies meeting quality standards to each PoE, according to the caseload screened.
- Orient community health workers, volunteers, community leaders, traditional healers, NGOs volunteers on surveillance, IPC and RCCE.
- Train multi-sectoral local government authorities from high risks districts on disease preparedness and prevention.
- Conduct risk communication, community engagement and social mobilization activities on EVD preparedness and prevention.
- Undertake EVD awareness-raising and WASH activities in Bukoba MC, Kigoma DC, Kasulu TC, Kibondo, Bukoba DC, Karagwe, Ngara, Uvinza districts.
- Distribute relevant Information, Education and Communication (IEC) materials, ensuring the materials are appropriate and accessible for all (e.g elderly persons, youth, persons living with disabilities, women, men. etc.).

South Sudan

- Maintain coordination with government and partner agencies through national forums, particularly National Task Force- NTF and its constituent working groups.
- Train multi-sectoral partners working at the POE (migration officers, security personnel, port health officers and local government authorities) from high risks districts on disease preparedness and prevention.
- Support cross border coordination meetings on POE surveillance and capacity buildings especially on standard operating procedures and harmonization of guidelines.

Points of Entry

Funding Required

$7,500,000

Burundi:

- Refer/isolate suspected cases, conduct secondary screening and refer suspected cases to Ebola treatment centres or health facilities.
- Supervise POEs, and train border, security and health personnel in the DRC on screening, health border and mobility management, surveillance, risk communication and community engagement (RCCE), and referral, including sensitization on pathways for Gender-Based Violence, Protection, Mental Health and Psychosocial Support (MHPSS) and cross-border notification.
- Provide necessary equipment to POEs to support border health surveillance, including essential supplies such as infrared thermometers, personal protective equipment (such as gloves, masks, aprons and gumboots), infection prevention and control supplies (such as chlorine, soap, alcohol-based rub, and sprayers), visibility items, data collection tools, and stationery. This also includes ICT equipment, alongside water, sanitation and Hygiene (WASH) and other infrastructure.

Uganda:

- Provide necessary equipment and supplies including infrared thermometers, personal protective equipment (such as gloves, masks, aprons and gumboots), infection prevention and control supplies (e.g chlorine, soap, alcohol-based rub and sprayers), visibility items, data collection tools, and stationery. This also includes ICT to POEs to support border health surveillance.
- Undertake capacity building of health and non-health workers including border agencies on integrated border management such as preventive measures, IPC, conducting screening and training on health and mobility border management.
- Train health workers and screeners on EVD screening including the POE toolkit that includes the screening tools.

Tanzania:

- Conduct health screening based on the EVD Response case definition for Event/Community Alerts (before the outbreak) as per SOPs.
- Deploy 10 mobile teams to 6 high risks districts (Kigoma Ujiji MC, Kasulu DC, Buhigwe, Misenyi, Kyerwa and Tunduma districts) to assess population movement and mobility trends in areas that might be at high risk of transmission, initiate POE surveillance and prevention measures, assist in the recruitment and capacity building of local staff and train them, establish and equip the POE, and supervise the initiation of activities.

Rwanda:

- Support POE authorities with prepositioning the necessary equipment and supplies including infrared thermometers, personal protective equipment (such as gloves, masks, aprons and gumboots), infection prevention and control supplies (e.g chlorine, soap, alcohol-based rub and sprayers), visibility items, data collection tools, and stationery. This also includes ICT to POEs to support border health surveillance.
- Undertake capacity building of health and non-health workers including border agencies on integrated border management such as preventive measures, IPC, conducting screening and training on health and mobility border management.

South Sudan:

- Undertake EVD screening at key POEs, including body temperature check, secondary screening, and alert raising where required.
- Train health workers and screeners on EVD screening including the POE toolkit that includes the screening tools.

Democratic Republic of Congo:

- Support health screening, hand washing and risk communication activities at POE/POC.
- Foster a multisectoral approach to the management of POEs.
- Develop and pilot a zonal approach to mobile population health, integrating POE disease surveillance within the existing health zone structure.
- Support renovation of POE/POCs structure and supply related health screening materials including Infection Prevention and Control - IPC supplies: personal protective equipment, EVD diagnostic equipment and infrared thermometers.

Objective
Contribute to an evidence-based and efficient crisis response system

$3,000,000	0
Funding Required	**Target Beneficiaries**

IOM will target the main relevant ministries, the Office of the Prime Minister and frontline as well as healthcare workers. This group will benefit from access to essential information and data to allow them to better prepare and respond to outbreaks of Ebola, as well as capacity building to collect and analyse mobility-related data through population mobility mapping and Displacement Tracking Matrix (DTM) flow monitoring.

Displacement tracking - rename

Funding Required

$3,000,000

IOM will contribute to enhancing the capacity of its Member states and relevant stakeholders to collect and analyse mobility-related data through population mobility mapping and Displacement Tracking Matrix (DTM) flow monitoring to inform prompt and targeted disease preparedness and responses efforts. Activities will include:

Uganda:

- Analyze mobility data and EVD epidemiological reports to produce situation reports, infographics, maps, spatial and geographic information including regional-level analysis leading to the identification of key intervention areas, alongside informed and targeted public health interventions at local, national and regional levels that can help mitigate the spread of EVD. The analysis takes into consideration sex and age disaggregation. Conduct population mobility mapping (PMM) and flow monitoring in priority locations to better understand mobility pathways and volume in order to target and inform public health interventions at the national and regional levels.
- Draft and share monthly reports on the population mobility in the high-risk districts bordering Uganda and the DRC.

Tanzania:

- Establish 10 flow monitoring points (FMP) to identify mobility-affected priority locations for priority public health interventions. The locations for FMP will include Kigoma-ujiji, Kagunga, Manyovu, Mabamba, Mwangongo, Rusumo, Kabanga, Murusagamba, Mtukula and Murongo.

Burundi:

- Conduct population mobility mapping (PMM) exercises and flow monitoring at the local level through participatory meetings in key border locations of the high priority districts that border the DRC and Rwanda to understand mobility pathways and volume in order to target and inform public health interventions at the national and regional levels.
- Share critical epidemiological and mobility information widely to support inter-agency coordination, including the mapping, updating and sharing of information at local, national and regional levels, leading to a more informed response to limit the spread of EVD. The analysis will take into consideration sex and age disaggregation.

- Analyze mobility data and EVD epidemiological reports to produce situation reports and maps, including regional-level analysis leading to the identification of key intervention areas, alongside informed and targeted public health interventions at local, national and regional levels that can help halt the spread of EVD.

Rwanda:

- Conduct population mobility mapping (PMM) exercises in the selected high-risk districts to enable a better understanding of the mobility dynamics in the country at the borders. PMM data, along with other public health risks assessments, will result in the identification of mobility-affected priority locations, as well as priority public health interventions, which supports technical, material and managerial capacity building for disease surveillance and response.
- Conduct monitoring support missions with the Ministry of Health to assess the effectiveness of screenings at the borders in terms of procedures applied and human resources capacities.

South Sudan:

- Strengthen awareness of volume, profile and mobility trends of population movement at select PoEs.

Democratic Republic of Congo:

- Conduct population mobility mapping (PMM) exercises and flow monitoring at the local level through participatory meetings in key border locations of the high priority districts that border Uganda, South Sudan, Tanzania, Central African Republic, the Republic of Congo and Rwanda to understand mobility pathways and volume in order to target and inform public health interventions at the national and regional levels.
- Integration of collected data on health and mobility to improve existing surveillance mechanisms. Analyse mobility data and EVD epidemiological reports to produce situation reports and maps, including regional-level analysis leading to the identification of key intervention areas, alongside informed and targeted public health interventions at the local, national and regional levels that can help halt the spread of EVD. The analysis takes into consideration sex and age disaggregation.

OPERATIONAL PRESENCE

40	1124	30
International staff and affiliated work force	**National staff and affiliated work force**	**IOM Field Offices**

2022

Funding Required	Target Beneficiaries
$29,900,000	8,760,000

IOM Vision

In line with the International Health Regulations (IHR 2005) and the Global Health Security Agenda (GHSA), IOM aims to contribute to the prevention, early detection and response to Ebola Virus Disease (EVD) in Southern Africa, East and Horn of Africa, and West and Central Africa from a human mobility-centred perspective.

Aligned with priorities outlined in the EVD Strategic Response Plan 4 (SRP4), IOM's Health Border and Mobility Management framework, the GHSA and IHR, IOM seeks to contribute to the continued containment, recovery and future health system preparedness for EVD by prioritising enhanced active disease surveillance through supporting technical and operational capacity in health screening and contact tracing, community event-based surveillance, and risk communication and community engagement at Points of Entry (PoE) and among border communities in order to save lives and prepare for future outbreaks. In strengthening the capacities of relevant stakeholders, IOM aligns its priorities with the Sustainable Development Goal (SDG) for early warning, risk reduction and management of national and global health risks. IOM invests in training frontline workers on early detection, prepositioning of medical supplies to support any immediate response and prevention of disease spread including infection prevention and control in the case?of an outbreak.

Context Analysis

The situation in the Democratic Republic of the Congo (DRC) is one of the most complex and protracted humanitarian crises in the world. The country is frequently affected by emerging and recurrent epidemics, as has been the case with Ebola virus disease (EVD) outbreaks that have occurred five times since 2018. Between 2018 and 2020, the world's second largest EVD outbreak spread over three eastern provinces of the DRC, with spill-over to neighbouring Uganda. 3,481 cases and 2,299 deaths were reported (WHO, 2019), in a challenging context where security incidents and mistrust towards response operations hindered the impact of the response. Lessons learned during this outbreak have resulted in a progressive shift of strategy during the outbreaks in Équateur province (2020) and North Kivu (2021), including increasing ownership by local health authorities and the implementation of stronger accountability mechanisms for implementing partners. The latest outbreak in DRC (the 13th) was announced in early October 2021 in an area with deep commercial, social and economic connections with neighbouring Uganda, South Sudan and Rwanda (which may lead to potential cross border infection as seen in the 10th outbreak), and affected by a protracted conflict and humanitarian crisis, coming merely five months after the last outbreak.

In neighbouring countries, previous EVD alerts in the United Republic of Tanzania have highlighted the need to scale up readiness to respond, while Burundi remains highly vulnerable to outbreaks due to the high volume of cross-border movements to and from DRC. While the Republic of Rwanda has not experienced an EVD outbreak, essential preparedness activities have been interrupted as focus shifted to COVID-19 preparedness and response. In Uganda, which shares a border with DRC containing numerous districts at high risk of cross-border EVD transmission, the combination of a highly mobile population with inadequate infection prevention and control measures further heightens this risk. Further afield, in West Africa, Guinea is at persistent risk of infectious disease threats including EVD, exemplified by the

outbreak in 2021 in N'zérékoré Prefecture. Limited response capacity and significant cross-border movement leave the region (including neighbouring countries such as Côte d'Ivoire, Liberia and Sierra Leone) vulnerable to further epidemics. In Sierra Leone, for example, capacity for emergency response remains weak, impacted further by the pressures of the COVID-19 pandemic.

The recurrence of EVD outbreaks demands continuous efforts to strengthen the health system towards effective epidemic risk reduction, early detection and case management in the areas of circulation of the virus. Programmes to support the survivors of the epidemic including through mental health and psychosocial support (MHPSS) services and to strengthen the resilience of health systems and communities in the aftermath of epidemics, while rebuilding the trust of the population, suffer from a lack of investment and programmatic commitments. Looking at 2022 and beyond, population movement continues to increase the risk of disease spread. Significant additional resources are required to facilitate both the ongoing response and preparedness efforts, primarily through strengthening international health regulations (IHR) core capacities and specifically the reinforcing of public health surveillance at points of entry and control. This will aid in preparing for and mitigating the threat of future epidemics due to enhanced capacity and health system strengthening at the national and regional level, whilst working in synergy with key partners, and will be informed by IOM's Health, Border and Mobility Management Framework which links an understanding of population mobility with disease surveillance and provides a platform to develop country-specific and multi-country interventions emphasizing health system strengthening along mobility corridors in line with the IHR.

Coordination

At the headquarters level, IOM participates in the Global Point of Entry (PoE) Taskforce led by the World Health Organization (WHO), together with the United States Centers for Disease Control (CDC), as well as other platforms such as the Global Outbreak Alert and Response Network (GOARN). As a strategic advisory member of the Global Health Cluster, and an active participant in the Inter-Agency Standing Committee (IASC), IOM coordinates closely with other cluster and committee actors to ensure a holistic response in its health programming. Furthermore, IOM has assumed a leading role in coordination for PoEs in DRC, South Sudan, Burundi and Uganda, is a member of the national EVD taskforce in the United Republic of Tanzania, is a co-lead member of the National Disaster Management Agency in Sierra Leone, and chairs the emergency responders meeting in coordination with other health partners in South Sudan. IOM Guinea is leading Pillar 4 in the government-led strategy on PoEs and cross border collaboration.

The IOM Country Offices in the included countries have long-standing relationships with various actors including the Ministries of Health, United Nations agencies, non-governmental organizations (NGOs), and local communities. In each country, IOM's main partners include national port health authorities and IHR-designated focal points. IOM aims to support national governments to meet their commitments to the IHR by supporting national, provincial and local efforts on disease prevention and control, as well as cross border coordination, including understanding population movement across borders. Thus, IOM Country Offices coordinate closely with the national structures in each of the countries, and with one another, for EVD preparedness and response.

IOM will continue to implement programming in partnership with all government stakeholders, and in collaboration with United Nations agencies (specifically WHO), the Africa Centres for Disease Control and Prevention (AfCDC), US CDC, national and sub-national taskforces and committees, intersectoral and interagency mechanisms and partners in each country, and at the regional and headquarters level to ensure synergy of efforts. IOM also partners with the United Nations Children's Fund (UNICEF) for the development of risk communication messages and information, education and communication material.

IOM Capacity

IOM has substantial experience in responding to public health emergencies including EVD at the national and regional level, particularly with regard to understanding human mobility and border surveillance and management. This is in part due to IOM's health and cross-sectoral expertise in population mobility mapping, health screening and active surveillance at PoEs, community event-based surveillance, capacity building, risk communication and community engagement, emergency response plan development, and the establishment of infection prevention and control systems. IOM's comparative advantage includes its multi-sectoral nature and the ability of health teams to work alongside IOM’s water, sanitation, and hygiene (WASH) and displacement tracking matrix (DTM) teams, providing a timely, evidence-based and informed response to epidemics. Nonetheless, IOM fully comprehends that EVD outbreaks will not be stopped, nor prevented, without the engagement of other relevant national and international actors. IOM understands the complexities that are associated with such protracted crises, particularly in light of the humanitarian-development-peace nexus, and strives to implement programming that is evidence-based, complementary and sustainable, and that considers peacebuilding and development as well as humanitarian interventions.

IOM’s experience during the 2014 EVD outbreak in West Africa as well as subsequent EVD outbreaks has helped hone the necessary response and preparedness strategies in the later outbreaks both in DRC and Guinea, whereby IOM worked with partners and key stakeholders to continually map cross-border and in-country population movement with epidemiological data, to better understand and target public health interventions. IOM is thus fully equipped with the technical and operational capacity, expertise and experience in EVD preparedness and response based on ongoing interventions and lessons learned from previous responses and preparedness initiatives.

Objective

Saving lives and protecting people on the move

$5,500,000	16,090,000
Funding Required	**Target Beneficiaries**

IOM plans to continue its crucial programming supporting EVD survivors, their families, and health workers with mental health services and psychosocial support, ensuring that the rights, dignity, interests and needs of vulnerable populations (including EVD survivors and their families, women and girls, the elderly, young people and people living with disabilities) are reflected in the ongoing EVD response, and addressing protection needs exacerbated in the context of such outbreaks. In addition, IOM will implement activities aiming to contribute to the

containment of the recently declared 13th EVD outbreak in DRC, targeting travellers and mobile communities as well as communities living along mobility routes and PoEs.

Mental health and psychosocial support in humanitarian response

Funding Required

$2,400,000

Mental Health and Psychosocial Support (MHPSS) services are key to supporting EVD survivors, the families of those affected, health workers and other persons having experienced traumatic events in the context of EVD outbreaks. MHPSS services provided by IOM will include:

- Raising awareness in border communities to prevent, anticipate and address risks of violence, discrimination, and marginalization of EVD survivors and their families;
- Providing psychological first aid (PFA);
- Implementing psychoeducation (including self-care and stress management) for EVD survivors and their families to learn how to cope with traumatic experiences;
- Establishing interdisciplinary psychosocial mobile teams (PMT) to provide assessments, individual and group counselling (in line with COVID-19 prevention measures) and guided support groups for EVD survivors, their families and other vulnerable groups, as well as socio-relational activities that help to overcome stigmatisation of EVD survivors and their families by fostering social cohesion (e.g., sport and play activities, creative and art-based activities or cultural events and rituals);
- Enabling safe and dignified burials for people who died if possible, or alternative rituals that allow for dignified alternative ways of mourning;
- Training and supervising community health workers to provide psychosocial support services; and
- Integrating MHPSS issues into the training of disease screeners, health workers, immigration officials, educational staff and community leaders, including traditional healers.

Protection

Funding Required

$2,000,000

EVD outbreaks have exacerbated pre-existing vulnerabilities, such as risks of violence, exploitation and abuse, as well as discrimination and socioeconomic instability. IOM will ensure that the rights, dignity, interests and needs of vulnerable populations, including EVD survivors and their families, women and girls, victims of trafficking, the elderly, young people and persons living with disabilities, are reflected in the EVD response. Following lessons learned from previous EVD outbreaks, all activities will be planned in close collaboration with communities, local authorities and leaders, as well as health service providers to address protection and assistance needs of communities through:

- Supporting assessments of the effects of the outbreak on vulnerability to violence, abuse and exploitation in order to define the problem and build quality responses;
- Strengthening existing protection mechanisms and psychosocial support services to identify and support persons in need of care or protection, and providing referral to appropriate services including specialized mental health services (following a quality/rights assessment);
- Supporting awareness raising among targeted populations, with a focus on women and girls as well as young people, through social mobilization agents, religious leaders and women's associations, on how to access services and seek support, the risks of gender-based violence (GBV) and human trafficking; and
- Training relevant staff and implementing partner staff on GBV and the prevention of sexual exploitation and abuse (PSEA), including how to safely and ethically respond to a disclosure of a GBV incident, and contribute to inter-agency efforts regarding PSEA complaint mechanisms.

Provision of water, sanitation and hygiene in emergencies

Funding Required

$1,100,000

In response to the 13th EVD outbreak in DRC, IOM will help ensure that travellers and host communities have access to water, sanitation and hygiene (WASH) facilities along key mobility corridors by:

- Constructing permanent water supply and hand washing stations at congregation points along the mobility continuum, targeting both travellers and host communities;
- Constructing permanent latrines at key sites along mobility corridors; and
- Supporting community-based mechanisms to promote ownership and to maintain WASH infrastructure.

Objective

Strengthen preparedness and reduce disaster risk

$21,900,000	6,700,000
Funding Required	**Target Beneficiaries**

Following the cessation of the recent EVD epidemics in DRC and Guinea and in the context of the recently declared 13th outbreak in DRC, IOM aims to continue preparedness and mitigation efforts, increase the resilience of the health system to better respond to future health threats and to include mobility related public health risks in existing health surveillance models. Travellers, the local population, migrants, internally displaced persons (IDPs) and refugees will be at reduced risk of contracting and being exposed to a variety of health threats due to enhanced prevention and response efforts by IOM and partners. People directly targeted will include Ministry of Health staff, border officials and frontline health workers at PoEs that will be trained and supported by IOM, as well as migrants along the mobility continuum and the communities living in the surroundings of the targeted PoEs.

Health components of preparedness and risk reduction

Funding Required

$9,900,000

IOM's priority for 2022 and beyond in DRC, neighbouring countries and West Africa is to continue to support governments to meet IHR commitments and strengthen IHR core capacities at the national and regional level in order to better prepare and respond to future health threats and public health hazards. This will occur through focusing on prioritising health components of preparedness and risk reduction through population mobility mapping, strengthening capacity at PoEs and points of control (PoCs), health systems strengthening and strengthening coordination mechanisms and partnerships with appropriate actors to ensure appropriate, timely, targeted and sustainable interventions whilst striving to build national capacity in line with the targets outlined within the humanitarian-development peace nexus.

In 2022, IOM in DRC, neighbouring countries including Burundi, Rwanda, Tanzania, Uganda, and South Sudan as well as countries in the West Africa region will (depending on local context, capacity and priorities):

- Develop standard operating procedures (SOPs) and train staff to enhance frontline detection capabilities of various health threats;
- Establish and build upon pre-existing national and cross-border coordination mechanisms, in order to enhance regional information management and related mechanisms, whilst fostering enhanced regional collaboration and communication with governments, UN agencies, civil society, NGOs and community representatives;
- Develop and pilot a community- based surveillance and risk communication and community engagement (RCCE) strategy for mobile populations crossing international and sub-national borders such as informal traders;
- Continue to develop a decentralized approach to preparedness and management of epidemics, integrating disease surveillance within the existing peripheral health system;
- Support the rehabilitation and activation of public health emergency operations centres;
- Conduct monitoring and support supervision missions with the Ministry of Health to monitor screening operations at borders in terms of procedures and compliance to standard operating procedures;
- Maintain surge capacity and first response teams to promptly react in the event of resurgence of EVD cases;
- Enhance the collection, transmission, analysis and reporting of epidemiological surveillance data through the use of technology, including online data collection tools; and
- Support the testing of dead bodies for EVD in areas of active EVD transmission in the context of the 13th outbreak to strengthen surveillance mechanisms.

Points of Entry

Funding Required

$12,000,000

IOM will support Ministries of Health (MoH), border authorities and other partners to enhance the capacity of priority PoEs to detect, isolate and refer suspected EVD cases and contacts and

enhance surveillance along mobility routes. This will include:

- Conducting simulation exercises at PoEs/points of control (PoCs) to build the capacity of border and health personnel to detect, and appropriately respond to public health hazards;
- Bolstering staff capacity to detect, manage and refer EVD cases through the development, validation and monitoring of EVD-related standard operating procedures, tools, guidelines and training (such as disease screening, surveillance, infection prevention and control (IPC), case management, contract tracing and risk communication) at PoEs/PoCs;
- Improving PoE and health screening point infrastructure and supplies, including the improvement of WASH infrastructure (separating infrastructure for men and women and ensuring accessibility for children and people with disabilities) and the provision of necessary WASH and health equipment and supplies for disease screening and infection prevention and control;
- Building capacity at designated PoEs for public health event preparedness and response by developing public health emergency response plans and conducting simulation exercises;
- Implementing training for frontline workers to enable them to effectively engage with travellers and address resistance to disease screening at PoEs/PoCs. Such training will include training on PSEA;
- Implementing community event-based surveillance in communities surrounding PoEs/PoCs, and training a network of community health workers and community leaders to reinforce this system; and
- Supporting the MoH to better integrate PoE surveillance actors into the national surveillance system and information flow - such as the District Health Information Software 2 - for epidemic-prone diseases.

Objective
Contribute to an evidence-based and efficient crisis response system

$2,500,000	1,150
Funding Required	**Target Beneficiaries**

IOM has, over time, adapted its response during outbreaks through active engagement with mobile communities, the establishment of community feedback mechanisms and platforms for dialogue, and after action reviews to analyse its response and improve the efficiency of future response strategies. IOM will continue to strengthen the evidence base for effective crisis response through the collection, sharing and analysis of displacement and population mobility data so that its programming continues to be informed by the needs and realities within the communities it serves. Entities targeted include government counterparts such as Ministries of Health, border management officials, intergovernmental agency partners and non-governmental organizations with whom analyses and reports will be shared to support evidence-based EVD preparedness and response.

Displacement tracking - rename

Funding Required
$2,500,000

Combined with epidemiological data, mobility data is key to predicting the dynamics of current epidemics and informing preparedness and response strategies into the future. IOM will enhance existing national-level disease surveillance systems by strengthening the collection of mobility-related data using Population Mobility Mapping (PMM) methodologies developed during the West Africa EVD outbreak, to increase the capacity to prevent, detect, report and respond to public health threats including EVD by:

- Conducting participatory mapping exercises to identify high-risk transmission mobility corridors and key gathering areas to inform local and sub-national preparedness and response plans and disseminate findings to communities and partners to inform response operations;
- Installing flow monitoring points in relevant PoEs to measure the volume of flows and trends and monitor cross-border movements;
- Analysing mobility data and EVD epidemiological reports to produce situation reports and maps, including regional-level analysis leading to the identification of key intervention areas, alongside informed and targeted public health interventions at local, national and regional levels that can help halt the spread of EVD; and
- Sharing critical epidemiological and mobility information widely to support inter-agency coordination, including the mapping, updating and sharing of information at local, national and regional levels, leading to a more informed response to limit the spread of EVD.

OPERATIONAL PRESENCE

27	166	30
International staff and affiliated work force	**National staff and affiliated work force**	**IOM Field Offices**