Improving Response and Programming in Humanitarian Emergencies

Context

The Democratic Republic of Congo (DRC) continues to face an acute and complex humanitarian crisis marked by five main factors: population movements, acute food insecurity, acute malnutrition, epidemics and protection issues.

According to the Humanitarian Needs Overview (HNO), 19.6 million people will require humanitarian assistance in 2021, four million more compared to 2020. Currently, there are approximately 11.3 million in need of health support due to the recent population movements and ongoing epidemics across the country, which include Cholera, Measles, Malaria, Ebola (EVD) and COVID-19, while more than 7.9 million individuals are in need of water, sanitation and hygiene (WASH) support and 9.5 million people in need of Protection interventions.

iMMAP in DRC

Since 2019 iMMAP has continuously provided support the World Health Organization (WHO), humanitarian health partners and the Ministry of Health in the DRC through two projects. The first one supports the responses to the Ebola Virus Disease (EVD) and other epidemics, and the second project works with the Health Cluster to strengthen information management for coordination of the overall health response.

The main goals of these projects are to provide a range of tools, services and capacity strengthening to WHO and health partners in order to improve response efforts for public health and disease outbreaks. iMMAP, as a part of these projects, provides data collection, analysis, visualization and capacity strengthening for localization of IM capacity in health programs.

Donors: CDC and USAID

Years of presence in DRC: Since 2019

Current project: Improving Response and Programming in Humanitarian Emergencies

Main partner supported: World Health Organization (WHO)

Personnel

Number of personnel: 7
Health Program

**EVD Survivor Program:** This program is a follow on to iMMAP’s earlier information management (IM) support to the implementation of the Go.Data EVD Response project. Initiated in February 2020, the program aims to support the care program for people who have recovered from EVD. The current module aims to collect and analyze quality data to support physicians and psychologists continuity, resolve technical problems encountered by users, and analyze collected data. The initial data available were essentially related to the “biological” component. Following a workshop to define and harmonize the indicators, the periodic reviews were initiated by integrating five components: General - Biological - Clinical - Psychological - Nutrition. The creation of the database in Go.Data facilitated the cleaning and guaranteed an increased quality of the data allowing a notable improvement in the reporting (weekly and monthly) and the analysis.

**Ebola Rapid Diagnostic Test (RDT) Cadaveric Surveillance Tool:** iMMAP partnered with CDC, the National Institute of Biological Research, Ministry of Health (MoH) and humanitarian partners in DRC to successfully design, develop and deploy the RDT Tool in 2020, which captures data from RDTs used in cadaveric surveillance. Since the declaration of the 12th Ebola Virus Disease (EVD) epidemic on 7 February 2021, the four health zones (Biena, Butembo, Katwa and Musienene) out of the 34 in the province of North Kivu have recorded 12 new confirmed cases. iMMAP has cloned the application already used in 2020 in order to extend rapid test diagnostics to the affected health areas. Two iMMAP trainers were deployed to Butembo for six days (6-11 July) to mentor and train 128 enumerators in the use of the Kobo questionnaire.

Outcomes

iMMAP’s presence in DRC for the Ebola response, notably through the Go.Data Survivor and RDT project, enabled a rapid response to the 12th EVD epidemic, which was officially declared over on 3 May 2021. An exploratory mission was organised in Mbandaka (one of the epicentre of the epidemic) to prepare a review and the possibility of implementing Go.Data in Equateur Province.

During the month of May, INRB, CDC and humanitarian partners initiated a rapid diagnostic test project to collect data on the 12th epidemic in the province of North Kivu. 129 tests have been carried out since 11 July by teams (FHI360, IOM, IDDS). Data collection will continue until 26 August and iMMAP will support the analysis of the results.

Standby Partnership

Under this project, iMMAP is providing four IMOs for the DRC Health Cluster at both the national (Kinshasa) and sub-national (North-Kivu, Kalemie & South-Kivu) levels to support health partner coordination and critical decision-making activities. This support helps ensure that the Health Cluster has the IM capacity required to provide key deliverables and facilitate the establishment of more robust and capable IM systems, improve coordination and data sharing, provide a foundation for structured sectoral data collection, and strengthen national Public Health Information Services capacity building.

**Capacity Building:** Three Congolese participants are taking part in the iMMAP-facilitated Global Health Cluster’s (GHC) Health Information Management training webinars.

Facilitated by iMMAP, the Global Health Cluster (GHC) is conducting online training on Health Information Management. Weekly sessions are held over a period of 12 weeks where participants learn more on Public Health Information Services, data collection, preparation, analysis and visualization. A fifth round of online training is currently being held and attended by over 38 participants.