Flow Monitoring Points (FMPs) at Points of Entry (PoE): Lengabo, Pasisi, Pont Loya, Mubambiro, OPRP, and the Port of Goma (Fig. 8). 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 two health zones were affected during the period, Mabalako and Beni. An affected health zone is defined as any health zone that reported a confirmed case of Ebola Virus Disease (EVD) from 21 days prior to the start of the reporting period (i.e. from 11 January to 28 February 2020). From 11 January to 28 February, two-thirds (68%) of new confirmed cases were reported in Beni health zone, with the rest in Mabalako.

Of the 7,043 movements observed to, from, through, or within affected zones, roughly half (53%) of movements identified were internal, within affected zones. DTM identified 1281 outgoing movements from affected health zones (18%) and 1946 incoming movements to affected areas (28%), while 74 movements (1%) were transits through affected zones, and the remainder (53%) internal (Fig. 1-B). Most of the outgoing travelers from affected zones departed from Beni (76%), while a minority departed from Mabalako health zone (24%). Major reported destinations for outgoing travelers from Beni included Mandima (37%), Bunia (22%), Komanda (11%), and Rwampara (9%) health zones. Those departing Mabalako health zone primarily reported Katwa (20%), Butembo (18%), Oicha (23%), and Komanda (10%) as their intended destination. Only one traveler observed coming from or transiting through an affected zone reported their final destination as outside of DRC. Travelers from affected zones reported 58 individual transits (a 5% rate) in non-affected zones.

Motivations for traveling varied greatly by the movement type, with forced displacement due to conflict appearing to have played a disproportionate role in motivating movements into affected zones, while seasonal migration disproportionally motivated outgoing movements (Tab. 1-B).

**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 11 January to 28 February 2020).
ALL MOVEMENTS OBSERVED

DEMOGRAPHIC (FIG. 2-A)

- **Age Group**
  - ≥ 60: 2%
  - 18-59: 49%
  - 5-17: 2%
  - 0-4: 2%

NATIONALITY (FIG. 3-A)

- **DRC**: 68%
- **Others**: 32%

NUMBERS ARE ROUNDED, AND MAY TOTAL SLIGHTLY MORE THAN 100%

REASONS FOR MOVING (TAB. 1-A)

- **Visit family**: 33%
- **Return to habitual residence**: 34%
- **Economic reasons**: 21%
- **Buy goods for personal consumption**: 1.8%
- **Healthcare**: 1.5%
- **Tourism**: 0.5%
- **Education**: 0.8%
- **Forced due to conflict**: 1.6%
- **Others**: 5.8%

<table>
<thead>
<tr>
<th>Reason</th>
<th>Total</th>
<th>Outgoing</th>
<th>Incoming</th>
<th>Internal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visit family</td>
<td>33%</td>
<td>23%</td>
<td>24%</td>
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<td>Return to habitual residence</td>
<td>34%</td>
<td>23%</td>
<td>34%</td>
<td>34%</td>
</tr>
<tr>
<td>Economic reasons</td>
<td>21%</td>
<td>31%</td>
<td>34%</td>
<td>20%</td>
</tr>
<tr>
<td>Buy goods for personal consumption</td>
<td>1.8%</td>
<td>0%</td>
<td>5.6%</td>
<td>1.8%</td>
</tr>
<tr>
<td>Healthcare</td>
<td>1.5%</td>
<td>15%</td>
<td>0%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Tourism</td>
<td>0.5%</td>
<td>0.4%</td>
<td>1.2%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Education</td>
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<td>5.5%</td>
<td>0%</td>
<td>0.7%</td>
</tr>
<tr>
<td>Forced due to conflict</td>
<td>1.6%</td>
<td>0%</td>
<td>0%</td>
<td>1.6%</td>
</tr>
<tr>
<td>Others</td>
<td>5.8%</td>
<td>2.1%</td>
<td>1.2%</td>
<td>7.0%</td>
</tr>
</tbody>
</table>

Total: 100%  Outgoing: 100%  Incoming: 100%  Internal: 100%

VULNERABILITY PROFILE (FIG. 4-A)

- 3.9% Children under five
- 0.4% People with disability
- 4.4% Pregnant or lactating women
- 5.2% Elderly
- <0.1% Unaccompanied children

MODE OF TRANSPORT (FIG. 5-A)

- **Bus**: 14%
- **Taxi/Car**: 7%
- **Motorbike**: 24%
- **Boat**: 5%
- **Truck**: 5%
- **Other**: 1%

NUMBERS ARE ROUNDED, AND MAY TOTAL SLIGHTLY MORE THAN 100%

MOVEMENTS OBSERVED TO/FROM AFFECTED ZONES

DEMOGRAPHIC (FIG. 2-B)

- **Age Group**
  - ≥ 60: 2%
  - 18-59: 35%
  - 5-17: 6%
  - 0-4: 4%

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<th>Outgoing</th>
<th>Incoming</th>
<th>Transiting</th>
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<tbody>
<tr>
<td>Visit family</td>
<td>37%</td>
<td>35%</td>
<td>32%</td>
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<tr>
<td>Return to habitual residence</td>
<td>37%</td>
<td>25%</td>
<td>34%</td>
<td>8%</td>
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<tr>
<td>Economic reasons</td>
<td>17%</td>
<td>17%</td>
<td>14%</td>
<td>55%</td>
</tr>
<tr>
<td>Buy goods for personal consumption</td>
<td>2.7%</td>
<td>2%</td>
<td>1.4%</td>
<td>0%</td>
</tr>
<tr>
<td>Tourism</td>
<td>0.5%</td>
<td>0.5%</td>
<td>0.2%</td>
<td>0%</td>
</tr>
<tr>
<td>Education</td>
<td>0.6%</td>
<td>0.6%</td>
<td>0.7%</td>
<td>0%</td>
</tr>
<tr>
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<td>9.3%</td>
<td>3.6%</td>
<td>0%</td>
</tr>
<tr>
<td>Healthcare</td>
<td>1.3%</td>
<td>1.9%</td>
<td>1.4%</td>
<td>4.1%</td>
</tr>
<tr>
<td>Forced due to conflict</td>
<td>6.4%</td>
<td>4.3%</td>
<td>8.7%</td>
<td>0%</td>
</tr>
<tr>
<td>Others</td>
<td>3.7%</td>
<td>4.4%</td>
<td>3.0%</td>
<td>18.9%</td>
</tr>
</tbody>
</table>

Total: 100%  Outgoing: 100%  Incoming: 100%  Transiting: 100%

VULNERABILITY PROFILE (FIG. 4-B)

- 8.8% Children under five
- 0.4% People with disability
- 7.9% Pregnant or lactating women
- 4.2% Elderly
- 0.1% Unaccompanied children

MODE OF TRANSPORT (FIG. 5-B)

- **Bus**: 6%
- **Taxi/Car**: 15%
- **Motorbike**: 71%
- **Boat**: 71%
- **Truck**: 24%
- **Other**: 6%

NUMBERS ARE ROUNDED, AND MAY TOTAL SLIGHTLY MORE THAN 100%
The majority of identified travelers coming from affected areas came from Beni (76%), followed by Mabalako (24%) (Map 1).

The majority of identified travelers to affected health zones reported their destinations as Butembo (61%), followed by Beni (39%) (Map 1).

As observed by PoCs over the period, incoming movements (28%) reported to affected zones were greater than outgoing (18%) (Fig 1B).

Some 9% of movements outgoing from affected zones were reportedly attributable to seasonal migration, compared with nearly 4% of inflows.

Some 9% of all incoming movements and 4% of outgoing movements from affected zones were reportedly forced displacements due to conflict. Most of those displaced to affected zones due to conflict reported Beni as their final destination, and these travelers originated primarily from Mandima (72%) and Mutwanga (27%) health zones.

Of all cross-border travelers observed in the period, two-thirds (68%) were nationals of DRC, followed by Rwanda (17%), Kenya (10%), and Uganda (2%).

Of the 6 countries reported by outgoing travelers from DRC as their final destinations, the most frequent were Rwanda (34%), Burundi (28%), Uganda (22%), and Kenya (14%) (Fig. 6A).

Only one observed traveler transiting via an affected health zone reported an intended destination outside of DRC (Fig. 6B).

Of all movements observed, approximately one in seven persons (14%) had a vulnerability. The most common vulnerabilities observed were: elderly persons (5.2%), pregnant or lactating women (4.4%), and children under the age of five years old (3.9%) (percentages as a proportion of all travelers observed).

The average daily number of travelers observed outgoing from affected zones increased by approximately 76% between 14 and 28 February (Fig. 9).

**HIGHLIGHTS**

- The majority of identified travelers coming from affected areas came from Beni (76%), followed by Mabalako (24%) (Map 1).
- The majority of identified travelers to affected health zones reported their destinations as Butembo (61%), followed by Beni (39%) (Map 1).
- As observed by PoCs over the period, incoming movements (28%) reported to affected zones were greater than outgoing (18%) (Fig 1B).
- Some 9% of movements outgoing from affected zones were reportedly attributable to seasonal migration, compared with nearly 4% of inflows.
- Some 9% of all incoming movements and 4% of outgoing movements from affected zones were reportedly forced displacements due to conflict. Most of those displaced to affected zones due to conflict reported Beni as their final destination, and these travelers originated primarily from Mandima (72%) and Mutwanga (27%) health zones.
- Of all cross-border travelers observed in the period, two-thirds (68%) were nationals of DRC, followed by Rwanda (17%), Kenya (10%), and Uganda (2%).
- Of the 6 countries reported by outgoing travelers from DRC as their final destinations, the most frequent were Rwanda (34%), Burundi (28%), Uganda (22%), and Kenya (14%) (Fig. 6A).
- Only one observed traveler transiting via an affected health zone reported an intended destination outside of DRC (Fig. 6B).
- Of all movements observed, approximately one in seven persons (14%) had a vulnerability. The most common vulnerabilities observed were: elderly persons (5.2%), pregnant or lactating women (4.4%), and children under the age of five years old (3.9%) (percentages as a proportion of all travelers observed).
- The average daily number of travelers observed outgoing from affected zones increased by approximately 76% between 14 and 28 February (Fig. 9).

**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 while the width of lines are scaled to the number of travellers. The scale presented for Figure 6-B is not applicable to Fig. 6-A.
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 Control (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.

Geographical coverage of Flow Monitoring activities is not exhaustive and is limited to Flow Monitoring Points (FMPs) at selected PoE/PoCs. Information provided is indicative 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.